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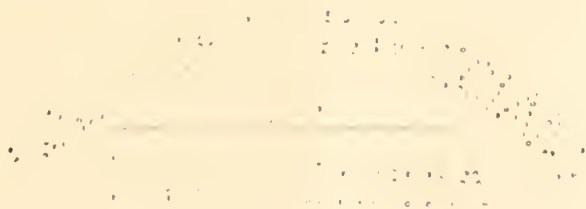
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FRANK KRAFT, M.D., CLEVELAND, OHIO, EDITOR.

## OUR PORTRAITS.



WILMOT MOORE, M. D.,  
Terre Haute, Ind.

## MATERIA MEDICA GLEANINGS FROM FOREIGN JOURNALS.

Translation by PROFESSOR W. A. DEWEY, M. D., Ann Arbor.

*Hydrastis Canadensis*.—The following is the report of a case of poisoning by this remedy observed by Dr. Miodowsky: A man aged sixty-five attacked with bronchitis, having taken twenty drops and repeated the dose, was taken with oppression of the chest and respiratory anguish,

a feeble pulse which was small and slow, and cold sweats. Auscultation showed crepitus throughout the lungs. The author gave as his conclusion that the remedy produced a weakening of the heart muscle followed by a secondary congestion and œdema of the lungs.

*Strophanthus*.—In the *Therapeutische Monatshefte* Dr. Müller cites the case of a patient for whom six to seven grams of the tincture of strophanthus had been prescribed to be taken in the course of five or six days. The patient took by error the total quantity in one day. There was immediately produced a series of grave toxic symptoms, such as loss of consciousness, hallucinations, diarrhea, anæsthesia, analgesia, myosis, and Cheyne-Stokes respiration. He died at the end of the fourth day.

*Arsenicum*.—A patient in one of the hospitals of Paris after a prolonged use for over a year of Fowler's solution of arsenic presented the following conditions: A bronzed aspect of the skin all over the body, absolutely simulating Addison's disease. The absence of weakness and also the slightly spotted color of the skin led to believe that arsenic might be the cause. The remedy was withdrawn, and after its withdrawal the color of the skin became very much better, which led to the greater probability of the arsenical origin of the discoloration.

It might be asked, in the presence of such observations as this, why certain authors have had success in the treatment of Addison's disease with arsenic. Is it because of the tonic action of arsenic as Strumpell pretends, or rather because of its homeopathicity?

*Carbolic Acid in Eczema*.—This remedy has often been employed and recognized as perfectly homeopathic and curative in different forms of eczematous eruptions, acute or chronic, moist

or dry, especially of the extremities. It has also cured two cases of eczema of the labial mucous membrane and of the eyelids. Its well-known action when applied to the skin in a one-half or one per cent. solution for itching is recognized by all.

*Diseased Susceptibility.*—In a lecture given at Greifswald, Dr. Schultz, an allopathic physician, said, among other things: "A diseased organ should react to the irritation of a remedy in a much more prompt manner than a healthy organ. Doses which are without effect or with an effect scarcely perceptible upon a healthy organ markedly manifest their influence upon the diseased organ." As an example, such is the irritation produced by tobacco smoke upon the throat of a smoker when he is attacked with angina. This exaggerated sensitiveness of the organ or the organism of the sick is an excellent theoretical proof of the efficacy of the infinitesimal doses of our homeopathic remedies.

*Hypertrophy of the Tonsils.*—Dr. Goullon cites a case of complete disappearance of enlargement of the tonsils by the use of phytolacca preceded by nitric acid, calcarea iodata, and sulphur iodide. Before proceeding to surgical measures it is more wise to try for a few months the appropriate remedy, which will often give a perfect result.

*Bryonia* 12x seems to be a specific in ovaritis when movements of the hip of the affected side provoke the pain, when pressure in the groin augments it, and when the entire abdomen is invaded by the inflammation.

*Silicea.*—Dr. Goullon reports the case of a tumor in the right gluteal region the size of a large apple, without pain or heat, which was developed in eight days, and was growing rapidly. The doctor thought it a malignant tumor, but in spite of its rapid growth he commenced treatment with *silicea* 3x. After eight days he noticed an amelioration, whereupon he gave *silicea* 30x morning and evening. A week after the tumor had about disappeared, and the cure was completed by *hepar* 3x.

*Thyroidine.*—The following is an interesting observation of a case of thyroidine poisoning completely simulating Basedow's disease. A patient weighing two hundred and twenty pounds wished to get rid of some of his flesh,

and took in the space of six weeks' time, without consulting a physician, about one thousand tablets of an English preparation of thyroidine each containing three drams. In this short space of time he lost thirty pounds, but there were produced a swelling of the neck, palpitation of the heart, cough, and sleeplessness. He presented an exophthalmia and a very marked tremor. His pulse was 120, the neck was large, but the thyroid gland did not seem to be particularly affected. The trembling of the tongue was as marked as that seen in certain cerebral affections, the urine was abundant and contained sugar, and there was great thirst.

Stopping the thyroidine improved the general health; at the end of fifteen days the sugar had disappeared from the urine, the quantity diminished as well as the thirst; at the end of a month the heart rate had decreased to eighty or ninety and the trembling ceased. The swelling of the neck and the exophthalmia persisted about six months, then gradually disappeared, and eight months after no trace thereof existed and the patient had gained ten pounds in weight.

This case is remarkable as being a case of typical exophthalmic goiter produced by thyroidine; and it is well known that one of the new allopathic remedies for this disease, and a remedy which that school has used with success, is thyroidine.

*Sticta pulmonaria.*—This remedy suits a coryza with excessive dryness of the nose and a sensation of a plug at the root of the nose; it is worse afternoons and evenings. In the pathogenesis of the drug there is no discharge either from the nose or from the bronchial mucous membrane.

*Cocaine.*—The following symptoms of accidental poisoning by cocaine are reported in a German medical journal. They occurred from the local application of the drug previous to the use of the urethroscope. The patient was attacked with headache, vertigo, roaring in the ears, loss of consciousness, violent clonic and sometimes tonic convulsions commencing in the muscles of the jaw, lasting forty-five minutes; the respiration was irregular, even arrested at moments, pupils at first were strongly dilated, the conjunctival reflexes were abolished, the face cyanosed, and the pulse slow. Artificial respiration was practiced, and at the end of 3½



hours the patient came to. He then complained of vertigo, heavy head, dry mouth, nausea, vomiting, and lassitude.

*Appendicitis.*—In a discussion upon appendicitis before the Société Française d'Homéopathie it was the unanimous opinion that the disease is generally curable by homeopathic remedies and that surgical intervention is greatly abused. Dr. Jousset, père, mentions especially belladonna, bryonia, and colocynth. Arsenic and carbo vegetabilis when there are grave symptoms of peritonitis and of collapse. Dr. Cartier reported a case of the removal of a purulent collection about the appendix by dioscorea. Dr. Hermann recommended opium, belladonna, and bryonia.

*Discovery of Drosera and Grindelia.*—These remedies, according to *La Gazette des Hôpitaux*, have been recently discovered by the allopathic school as excellent remedies in whooping cough. The symptoms of drosera are well known, and there is much similarity in the cough of grindelia in many cases of whooping cough—indeed, it is a remedy that should not be overlooked in this disorder.

*Stannum Iodide.*—This remedy lowers blood pressure and checks fibrous changes threatening the arterial coats in the brain, lungs, and kidneys; thus it becomes a useful agent in the treatment of arterial sclerosis. It should be remembered alongside of plumbum, which is quite homeopathic to atheromatous changes in the arteries.

*Hypericum* has the power of arresting nerve degeneration and has proved useful in a case of progressive muscular atrophy.

*Cicuta* is one of the most effective remedies known in the materia medica for persistent hic-cough. Other remedies are nux vomica, hyoscyamus, stramonium, secale, and chloral hydrate.



Dr. Henri Forestier of Aix-les-bains, Savoy, called at our office Nov. 28, with a letter of introduction from our good friend and brother Dr. François Cartier of Paris. Dr. Forestier spent several days in our city, then went on to Toledo. The doctor is interested in a combined heat and massage bathing establishment, but was visiting the United States to get better acquainted with our people and ways.

## Materia Medica Miscellany.

Conducted by J. WILFORD ALLEN, M.D., 110 West 12th Street, New York.

References in this department are made by number, as follows: Chironian,<sup>2</sup>; Clinique,<sup>3</sup>; Hahn. Adv.,<sup>4</sup>; Hahn. Mo.,<sup>5</sup>; Envoy,<sup>6</sup>; Jour. of Obs.,<sup>7</sup>; Physician,<sup>8</sup>; Recorder,<sup>9</sup>; Sun,<sup>10</sup>; Clin. Reporter,<sup>11</sup>; Journal of Hom.,<sup>12</sup>; Indicator,<sup>13</sup>; Century,<sup>14</sup>; Counsellor,<sup>15</sup>; Era,<sup>16</sup>; Visitor,<sup>17</sup>; N. E. Med. Gaz.,<sup>18</sup>; Times,<sup>19</sup>; N. Amer. Jour.,<sup>20</sup>; Pacific Coast Jour.,<sup>21</sup>; Southern Jour.,<sup>22</sup>; Hom. News,<sup>23</sup>; Jour. of O., O. & L.,<sup>24</sup>; Argus,<sup>25</sup>; Revue. Homéo.,<sup>26</sup>; Arch. für Hom.,<sup>27</sup>; Allgem. Hom. Zeit.,<sup>28</sup>; Zeitschrift für Hom.,<sup>29</sup>; El Prog. Homoe.,<sup>30</sup>; L'Art Méd.,<sup>31</sup>; L'Homoe.,<sup>32</sup>; Hom. Maed.,<sup>33</sup>; Hom. World,<sup>34</sup>; Hom. Review,<sup>35</sup>; Jl. Br. Hom. So.,<sup>36</sup>; Foreign Journal, not Hom.,<sup>37</sup>; Am. Journal, not Hom.,<sup>38</sup>; Indian Hom. Review,<sup>39</sup>; Materia Medica Jour.,<sup>40</sup>; Minn. Hom. Magazine,<sup>41</sup>.

### Action of Caffeine in Cardiac and Renal Disease.

Sjenetz<sup>37</sup> made some very important observations on the action of caffeine. Being at first skeptical as to its harmlessness in the usual doses employed, he finally convinced himself of its decidedly poisonous nature. The three cases reported by him are very instructive.

The author has administered this alkaloid in doses of 0.2 to 0.3 gram two or three times daily in cases of cardio-renal affection, and noticed the following results: On the day following the administration the arterial pressure markedly increased, the pulse became full but not changed in frequency, the amount of urine gradually increased, the dropsy diminishing but slightly. In five to six days the patient began to complain of tightness in the chest, shortness of breath, restlessness at night, and general aggravation of the disease. On percussion the heart was found notably smaller. As soon as these symptoms appeared the administration was discontinued, and the blood pressure at once commenced to decline, the excretion of urine decreased, the pulse became soft, the patient feeling much better. The analysis of the urine, however, showed the presence of caffeine for many days (ten to fifteen), thus proving the cumulative action of the drug. Again, the author has noticed that the elimination of the caffeine is much slower when the kidneys are affected, and it is therefore contra-indicated in renal affections.

[Ellinwood in his *Materia Medica and Therapeutics* says whether this agent acts most directly

upon the heart or upon the kidneys is an unsettled question except to those who have used it where the heart was greatly enfeebled and relaxed, and when dropsy resulted from that condition. It is certainly an excellent heart tonic in such cases, improving the strength of the heart muscle, the character and force of the pulse, and increasing to a marked extent the arterial tonus. It strengthens the nerve force, improves the respiration, and facilitates oxidation of the blood. Its influence is similar to convallaria or digitalis, and it acts in harmony with cactus, the influence of both being increased. Froment has reported ten instances of diverse cardiac disease in which the pulse was slowed, the rhythm was made regular, the arterial tension was raised, and œdema disappeared; in certain cases it acted when strophanthus and tincture of convallaria had failed. Its influence upon the kidneys is exercised when heart symptoms are not conspicuous. It produces a greatly increased flow of limpid urine without irritating the kidneys. There is no hematuria or other evidence of forced action or marked renal congestion. In profound doses it has caused suppression of the urine.]

### *The Antidote to Carbolic Acid.*

Edmund Carleton, M. D., read before the Homeopathic Medical Society of the State of New York:

"Probably there are more accidental deaths from carbolic acid than from all other poisonous drugs combined. The writer makes this estimate from newspaper reading, never having attempted any compilation of exact statistics. At any rate, the tragic story has been of late repeated with startling frequency. When the number of deliberate suicides from carbolic acid has been added to the foregoing, the total is so large that it demands attention.

"What causes this state of affairs, and how shall it be remedied?

"First, the drug is handy. Chloroform, prussic acid, and morphine cannot be obtained without a physician's prescription; they are not commonly to be found in the house; everybody knows them to be highly dangerous. Not so with carbolic acid. It is sold freely to all who ask for it, labeled 'poison,' to be sure, but with-

out further restriction. The people are familiar with it in its simple form and in its combinations. They have been taught to consider it a valuable antiseptic, of wide applicability. They apply it, in dilution, to various lesions of the body, and flush the waste pipes of the house with the crude material. It stands on the shelf. They are not particularly afraid of it. No wonder that the ignorant and careless suffer accidentally from it with great frequency, and that the angry and malicious avail themselves of the opportunities for evil it affords.

"Obviously it should be as difficult to obtain carbolic acid as prussic acid. In lethal quantities the former shows results almost as soon as the latter. The anæsthetic property of carbolic acid adds to its danger. Then let it not be commonly used for antiseptics. Stop familiarizing people with it. Teach them that it is too dangerous to have around.

"What shall be done in case of accident from it? For a long time the profession stood helpless. Even now a majority of physicians are ignorant of the antidote. On two occasions the writer has brought this to the notice of his professional brethren, and thus spread knowledge which should be taught in the colleges and become common property. Surely this society, with its widely circulating reports, will accomplish the desired result.

"The antidote to carbolic acid is simple, and to be had in every well-ordered household. Knowledge of its specific worth came by accident. One day while making some experiments with the pure acid an unlucky movement sent two ounces of it upon my hand. In about two seconds I had it under a stream of water and washed it well, but to no purpose; it became white and numb. There seemed to be no escape from the usual result—desquamation and slow recovery of the sense of touch. But the odor was persistent and unpleasant. In the belief that it might be changed thereby, a servant was sent to the kitchen for a cup of cider vinegar. While bathing and rubbing the affected parts with vinegar, what was my amazement to behold a complete restoration of color and function! In five minutes nothing remained in evidence except the modified odor.

"That was the beginning. Numerous clinical

verifications were obtained later; but considerable time elapsed before evidence was obtained as to the antidotal action of vinegar when the mucous membrane was affected. It came from our colleague, C. S. Kinney, M. D., and this is his communication:

“ ‘*Hospital for the Insane*, MIDDLETON, N. Y.

“ ‘ December, 1893.

“ ‘ At seven o'clock in the morning of August 4, 1884, a nurse called me to see a man who had swallowed some carbolic acid. The patient was found with his lips, mouth, and tongue coated white where the acid had touched them, and the strong, characteristic odor of the acid was present. He was at once given a half-cup of vinegar, diluted with an equal amount of water, and this followed in a few moments by a second dose of vinegar and water. As the time hung heavily on my hands while waiting for the stomach pump, the patient was given some milk, which he willingly drank. The odor and the discoloration from the acid had disappeared from the patient's lips, mouth, and tongue on taking the vinegar and water, and on using the stomach pump no odor from the liquid that was pumped from his stomach could be detected. After the stomach had been carefully washed out, the patient was fed with hot milk for several days, and no further symptoms developed.

“ ‘ It was not until May, 1887, that I saw in the *Homœopathic Recorder* an article which had been presented before the International Hahnemannian Association by Dr. Edmund Carleton of New York, on the use of vinegar as an antidote. I have always thought I was indebted to him for the knowledge of this action of vinegar, as my acquaintance with Dr. Carleton antedated my use of vinegar as an antidote of carbolic acid by a number of years, and I may have heard it from him. Since seeing his explanation for the use of vinegar as an antidote for the acid, I have had an opportunity to test its efficiency in a number of instances, and have always found it to be reliable in every particular; and in no instance where the vinegar has been used within a few moments has there been any eschar formed.’

“ That completes the chain. Cider vinegar is the antidote to carbolic acid. It is a fair infer-

ence that acetic acid of the shops will produce a similar action. Experiment will show.

“ Not wishing to divert attention from the subject presented, I nevertheless would like, in addition, to mention a hint received from observation of the pure effects of carbolic acid. It is a hint in the direction of materia medica and therapeutics, and is this: The bleaching and anæsthesia are somewhat similar to those of leprosy.”

Doctor Spencer Carleton has since made demonstrations before medical men of the efficacy of acetic acid as an antidote to carbolic acid. It acts precisely the same as vinegar.

### *Aloe.*

D. Dyce Brown,<sup>35</sup> in a drug study of aloe, says: The provings of the stomach, abdomen, and rectum clearly show the case calling for the use of aloe. There is a general inflammatory catarrh of the whole digestive tract. The patient will have no appetite, he will have coated tongue, bad taste, pain in stomach, and even hematemesis. The liver is involved, with pain in its region, and fullness and tightness, and yellow stools. There is griping, cutting pain in the abdomen, with gurgling of flatus, and tenderness on pressure, showing the involvement of the small intestines, while the most marked irritation is seen in the large bowel and rectum. There the pain is intense, the diarrhea being of the dysenteric type, yellow, pappy, bloody, the blood being mixed with the stool or coming separately, and “mucousy,” with hot burning sensation in the rectum, constant desire and urging, and with flatus; worse at night and in the early morning, with involuntary passage of mucus and stool while micturating, and with great sense of weight and fullness of the parts. The patient will also have dull headaches, languor, and depression of spirits. As a remedy it is not nearly so much used as it ought to be. Next to mercurius corrosivus, which it resembles in many points, it is the most valuable medicine we have in (1) dysentery and dysenteric diarrhea. (2) After the diarrhea has practically ceased, and there remain a soreness and heat in the rectum, with constant or frequent desire for stool, which is with difficulty resisted, it will at times act like a charm. (3)



In general acute or sub-acute catarrh of the whole digestive tract, when the main stress seems to fall on the colon and rectum, involving the liver also, but when the stool is not watery, but pappy, mucousy, and bloody; and especially when there are hemorrhoids present and painful. In such cases aloe in the 2x and 3x dilution is of the greatest service. (4) In the treatment of hemorrhoids, when there is sluggish liver and digestion, with burning soreness after stool at the anus and in the rectum, with bleeding, even though there is no diarrhea, aloe is very helpful, and might be more used than it is.

### *Gelsemium.*

T. F. Allen, M. D.<sup>9</sup>—The fever which calls for gelsemium is clearly without thirst; in this respect quite different from that demanding aconite or opium. The following observation may serve to illustrate the applicability of gelsemium: A lady suffered from fever recurring daily about two in the afternoon, temperature 103 or above, with vertigo, a decided dullness in the head, mostly behind the ears, loss of control of co-ordinated movements, inability to walk steadily, an increasing difficulty to think clearly, etc. There was entire lack of thirst, no nausea, no perspiration. After a few hours the febrile stage gradually disappeared, the patient became cool, and was simply lethargic till the next day. The immediate cause of the fever seemed to be recurring, malignant sarcoma which had twice been most skillfully removed with an immense amount of tissue, with lymphatics which, apparently, had been involved, but the malignant growth had returned on the forearm and had produced enlarged glands and inflammatory symptoms in the arm, when the increasing fever and alarming brain symptoms demanded attention. Gelsemium speedily, in a few days, dissipated the fever, caused a rapid disappearance of the malignant growth, which simply dried up and vanished, and the patient fully and completely recovered her health.

### *Cyanide of Mercury in Diphtheria.*

Tooker of Chicago<sup>16</sup> believes that in the cyanide of mercury we have a drug that is emphatically and strictly homeopathic to the graver forms of pharyngeal diphtheria, and which will,

he feels sure, give better results than any yet seen from antitoxin, or any other form of serum-therapy.

"When the pharynx is dull-red, swallowing difficult, the uvula œdematous and elongated, the tongue thickly coated, or thick and dry, apis mel. is better than mercury, especially if the patches of membrane are not considerable in quantity or heavy in character. The cyanide of mercury is best adapted to those cases which are intense and threatening from the beginning, and in which the tendency to membranous formation is marked from the start. It is indicated when the nares are involved, as well as the pharynx; indeed, the more widespread the infection and the more intense the symptoms, the more the cyanide will prove serviceable. Putrescence, with foul-smelling breath, and an odor that extends beyond the confines of the sick-chamber, is another of its marked symptoms.

"In those cases in which the urine is scanty or suppressed and partial or general œdema is present I have found arsenicum album of great service. In albuminuria, regardless of associated symptoms, I place great store by arsenicum."

### *Crategus in Typhoid Fever with Heart Complications.*

Prindle<sup>3</sup>.—A little girl aged twelve years came under his care while in the third week of typhoid fever. She suffered a sudden collapse, which had not been successfully overcome by strychnia, digitalis, or cactus, but she rallied at once and made a good recovery by the use of crategus, five-drop doses of the tincture every two hours.

The indications which called for it were as follows: Great pallor, irregular breathing, cold extremities, pulse 120 and very weak and irregular. This condition had existed for two days, only temporary relief being obtained from the use of strychnia and the usual heart stimulants. Decided relief, however, was afforded by crategus, and a rapid and apparently permanent cure was established.

### *Sulphur.*

George Royal, M. D.,<sup>14</sup> believes it is a remedy that "drives everything before it." Give sulphur 30th, 200th, or higher if you please, to

an individual who is afflicted with that cachexia called by the various names—psora, scrofulosis, or tuberculosis, and observe not only what will go “before it,” but also what will remain after it has passed. For the purpose of comparison I will state what I have observed. I have given sulphur for a dirty, dry skin in a child who screamed every time he saw the nurse coming toward him with soap and water, and have seen the skin become moist and the little fellow cry with delight in his bath-tub of water. I have given it for comedones and seen a clear complexion as the result. A man came to me once, and said: “Doctor, you must do something for me, or I must go out to the barn to eat and sleep. For several months my body stinks so that every member of my family avoids me. The more I bathe the worse the odor.” A few doses of sulphur (1m) drove this odor before it, never to return. Again and again have I seen a delayed eruption hasten to the surface before sulphur. As repeatedly have I seen a suddenly suppressed exanthematous or eczematous eruption find its way back to the surface, thereby preventing convulsions, coma, and death. All forms of skin eruption have disappeared before sulphur, providing burning was the most marked sensation. There is itching, to be sure, but that changes to burning after scratching. The burning is aggravated by bathing, as are also the dryness and itching. I have seen boils so numerous as to be on all parts of the body disappear one after the other and leave a clear healthy skin after giving sulphur<sup>200</sup>. Passing now from the outer to the inner skin we note the same effect. How often do we find redness of the mucous membrane of the eyes, nose, mouth, anus, vagina, or urethra. Not only is the membrane red, but dry, and the burning is intense. There is a little mucus secreted, but it soon dries and increases the burning. When I find the above group of symptoms, and the patient tells me that they have been present “since the measles or scarlet fever or some other eruption suddenly went in,” I give sulphur and assure my patient, with the utmost confidence, that every symptom will be eradicated.

### *Ichthyol in Whooping Cough.*

Dr. J. Francis Sonter<sup>37</sup> records the satisfactory results obtained by him with pills of ichthyol in whooping cough. He put four of his own children, varying in age from two years and six months to eight years, on one grain (increased in a few days to two, then to three and four grains) every four hours. Marked improvement ensued from the first, and Dr. Sonter tried the remedy with equally favorable results in ten other cases. He saw no unpleasant effects.

### *Apomorphine in Acute Alcoholism.*

Douglas of New York.<sup>38</sup>—A very satisfactory hypnotic in acute alcoholism is a mixture of bromide of potassium and chloral in equal parts. This should be given in several small doses, the effect of each dose being carefully noted. There is, however, one harmless remedy that will produce sleep in a few minutes, even when the patient is suffering with the wildest delirium. That remedy is apomorphine. Just enough is injected subcutaneously to produce slight nausea, but not enough to cause vomiting. One-thirtieth of a grain is the average quantity required, but individual susceptibility varies considerably. In a few minutes after administering the remedy perspiration appears and the patient voluntarily lies down, when a sound and restful sleep immediately follows. This sleep lasts at least an hour or two, and if other sedatives are previously given it will last six or eight hours. It is of special value in all forms of mania, regardless of the cause. It may also be given in full emetic doses in many cases of alcoholism with marked benefit. It seems to frequently act as almost a specific in relieving the alcoholic craving.

John M. Fyfe, M. D., in *Eclectic Med. Journal*, says that apomorphine is a certain and speedy emetic, causing vomiting in from five to twenty minutes, and without nausea or other general symptoms. In emergencies it is many times almost invaluable. The dose subcutaneously as an emetic is the one-thirtieth to one-twelfth of a grain for children, and the one-tenth to one-sixth of a grain for adults.

## PRIMARY AND SECONDARY SYMPTOMS.

By T. C. DUNCAN, M. D., Chicago, Ill.

IN the article by Dr. Price on *nux vomica* I was pleased to note that he is deeply interested in the study of primary and secondary effects of drugs. The following views of Teste\* may also be of interest:

"All drugs, whatever may be the special nature of their action, give rise, in every part of the organism where their action manifests itself, to two orders of symptoms, which are generally, if not always, opposed to each other.

"Hahnemann attributed no other symptoms to the drugs directly except those which he had seen develop themselves under their influence, and which he therefore called *primary* symptoms; whereas he considered as simple reactions of the organism all of those symptoms that succeeded the former, and which he therefore designated as *secondary*.

"I shall not stop to inquire how far this theory of organic reactions is founded. This is purely speculative, and I attach only a mediocre importance to it. But the fact itself is, undoubtedly, one of the most interesting which the founder of homeopathy has observed, and the striking contrast which it implies seems to merit a profound study.

"It would be curious to know how far the secondary symptom is always the *contrary* of the primary, and how this contrary is understood and realized by nature in certain cases. What we know positively is that such a drug which *primarily* causes diarrhœa is *secondarily* followed by constipation, whereas such other drug gives rise to phenomena of an inverse order. One drug *first* occasions a stoppage in the nose and a dry cough, *afterward* a fluent coryza and bronchial catarrh, whereas another drug causes precisely the reverse symptoms. Here is a drug which *first* slackens, *afterward* accelerates the circulation, whereas another occasions first an increased speed and afterward an increased slowness of the pulse. Opium *first* makes one drowsy, *afterward* wakeful, whereas coffee makes one wakeful *first* and *afterward* puts one to sleep, etc.

\* Teste, "Materia Medica," p. 49 *et seq.*

"Since I have named two drugs the alternate effects of which are generally known, at least in their totality, I will avail myself of them in order to show how important it is for us to discover by pure experimentation the opposite effects of all therapeutic agents. This simple proposition, which seems to me self-evident, *that natural maladies, as well as drug-diseases, have their primary and their secondary symptoms*, would render all demonstration superfluous; for, if this be true, who does not comprehend that it is not sufficient that a drug, in order to be really homeopathic to a given disease, should be capable of producing symptoms similar to those of the natural malady, but also that the alternate effects of the drug and those of the disease must develop themselves in the same order? For instance, somebody complains of sleeplessness; he is restless, talkative, the cheeks are flushed, the extremities are cold, etc. Is it *coffee* that he should take? Perhaps. In questioning him we learn that this state of agitation has *followed* a sort of *coma*, or even *somnolence* only, which had lasted one or two days, etc. Well, on this simple hint I affirm that it is not *coffee* that he must have; *opium* (in small doses) alone will quiet him, and will restore his sleep. I say this from my own experience. Another patient, on the contrary is sad, depressed in spirits and strength, drowsy; he is, moreover, costive, chilly, irritable, etc.; but this group of symptoms was ushered in by an excess of foolish mirth. Hence, I conclude that, notwithstanding these present symptoms, it is *coffee* he must have, and not by any means *opium*. I need not say why.

"These cases evidently imply a general rule, and explain the fact that in a number of cases where not *coffee* or *opium* but the foxglove (*digitalis*),\* especially in phthisis, or *mus*, *bella-donna*, henbane (*hyoscyamus*), etc., were given, and effected a cure, the *contraria* principle may have *seemed* to succeed, but where in reality the cures were effected in conformity with the law *similia similibus*. This shows how valuable for the homeopathic physician would become all indications derived from a historical report of

\* I scarcely need remark that, in either of these cases, the remedy should be indicated by more symptoms than I have deemed necessary to mention.—TESTE.



drug-diseases, with an accurate distinction of the primary and secondary effects of drugs.

"Unfortunately, the elements of such a scientific organization of our *materia medica* were wanting; for, I regret, the history of drug diseases, as I understand them, is only confessedly and obscurely perceived from provings in our possession."

Teste, like Dake, thought that a number of provers could give us a natural history of drug-diseases by re-proving the chief drugs. If we only had the day-books, it was argued, we could then see the course of drug action. These were given us in narrative form, and still we are not satisfied. Why? Chiefly because, I fancy, our physiologists and pathologists (or nosographers, as Teste calls them) have not taken these disjointed symptoms and rearranged them in a sequential order. I am of the opinion that it may be done from the material we have now on hand, especially with the principal drugs. Professor Woodward has given us the threads and made a good beginning. A recasting of the symptoms of our drugs along physiological lines seems to me imperative—the great work before us. Then, as Teste ably outlines, we may be able to select the drug whose order of development is the same as the disease to be treated. I obtained the idea from Teste, Hering, Hale, and also from my own provings and experience that the secondary symptoms were really the most important in therapeutic selection. The drug symptoms must parallel those of the disease, according to *similia*, even if we have only "groups of symptoms."



### MATERIA MEDICA QUESTIONS.

By E. FORNIAS, M. D., Philadelphia.

Give the indication of *mercurius sulph.* in hydrothorax.

Dyspnœa, quick and short breathing, has to sit, cannot lie down (*ars.*); swollen extremities; stools loose, watery, causing burning and soreness of the anus; burning in the chest. (When this remedy acts well, says Lippe, it produces a profuse, water diarrhea with great relief to patient. It is as important as arsenic in hydrothorax.)

Compare *calcareo ost.* and *silica* in *tabes mesenterica*.

The sweat, the appetite, and the abdominal temperature should be our guide. *Calc.* if the head sweat and abdomen are cold, and the child is always nursing, or craves eggs; especially if there is acidity and greenish diarrhea. *Silica* if the sweat is sour and fetid, the child has aversion to the mother's milk, and the abdomen is hot.

Give the *coxalgia* of *colocynthis*.

Inflammation of right hip-joint, the buttock is swollen and the joint very sensitive to touch; pain worse from least motion. Pains extend down leg to knee, where they become tearing in character; when the pains cease the limb feels numb and without sensation; pains better in evening and at night.

Give the use of sulphur in the climacteric period, and compare it with *lachesis*.

Sulphur rivals *lachesis* when the characteristic hot flushes are accompanied by a burning sensation on the top of the head (*graph.*) and soles of the feet, and a marked weakness in the stomach (about 11 A. M.); an empty, gone, or faint feeling. Venous congestion with piles and constipation points also to sulphur. *Hyperæsthesia* with fainting spells and backache to *lachesis*. (*Sepia* has also hot flushes, with momentary sweat, weakness, and great tendency to faint.)

Give the indication of *silica* in *panaritium* and ingrowing toe nail.

In bone felons, with deep-seated, unbearable shooting pains and burning, stinging aching in superficial parts; worse from warmth of bed. *Panaritium* with creeping, lacerating, drawing soreness or sticking in the fingers as if from splinters of wood. Numbness in hand and sensation as if the tips of the fingers were suppurating. Proud flesh; thin, offensive, discolored pus, and even caries. It promotes the expulsion of necrotic bone (*fluoric acid*). *Onychia* if ulceration sets in. Ingrowing toe nail with offensive discharges; stinging, ulcerative pains in the big toe and severe stitching pains under the nail.

Compare silica with hepar in suppuration and its relation with other drugs.

Silica, like hepar, has the power to arrest suppuration, but the former seems better adapted to tardy suppuration with hectic fever; the latter to disperse impending abscess, or promote suppuration when inevitable. The early throbbing and beating of the inflamed parts attending the formation of pus points to hepar; the weakening, persistent, thin, ichorous, offensive discharge to silica. Both have chilliness and worse by cold. Both antidote the use of mercury, but only hepar follows well that drug when potentized. Silica is indicated after belladonna, bryonia (mastitis), hepar, and phosphorus (in fistulous abscess). Fluoric acid follows silica well, especially in bone suppuration, and antidotes its abuse. But mercury and silica do not follow each other well. Merc. sol. is antidoted by hepar; merc. cor. by silica; hepar by silica, and *vice versa*; and silica by fluoric acid.

Give croup of spongia.

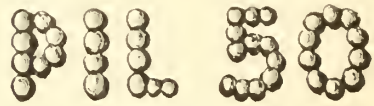
Wheezing, anxious breathing, worse during inhalation, with violent laboring of the abdominal muscles. Whistling, sawing between cough. Cough dry, barking (bell.), hollow, croupy. From dry, cold winds (aconite, hepar) severe dyspnoea on lying down, awakens with suffocating spells. Child feels as if he had to breathe through a dry sponge. Cough made better from eating or drinking. Follows aconite well.

Give the neuralgic headache of spigelia and resemblance to actea racemosa.

Neuralgic headache beginning in back part of head and spreading over left side, causing violent and pulsating pain in left temple and settling over left eye (periodical) (sil. over right eye). Supraorbital and temporal boring pains. Pressing headache, worse from thinking, noise, or any jarring. Crushing feeling in eyeballs, worse from motion of head and eyes. Eyes feel too large. Actea rac. when spigelia partly relieves the pain. It has intense pains in eyeball, and left temple worse from motion of head or eyes.

Compare nux vomica with aloes in defecation.

Nux vomica produces frequent desire for stool with inability to evacuate the fæces. Under aloes the difficulty is to retain the fæces. Aloes seems to paralyze the sphincter ani to a certain extent; nux vom. to excite in it a spasmodic action. In this action of the sphincter aloes resembles hyoscyamus.



### *The Great All-Embracing Art of Diagnosis.*

It is not so important to know by what name to call a disease as it is to know what the disease really is, says Benedict of Buffalo, in the *Medical Age* for September 25th.

He believes that the physician is a good therapist and a successful diagnostician when he cuts loose from the idea of tying a drug and a symptom to a disease name.

One may understand very well and treat successfully a disease to which he cannot assign a name or he may call a disease by name without knowing in the least what it is.

To draw a fine line between symptoms and signs is not possible, as the same symptom may be both subjective and objective.

The sense of smell and hearing has been relegated to a lower intellectual plane than sight, but we need the aid of all these.

Inspection is, however, the culmination of physical diagnosis as in exploratory laparotomy and in bacterial disease. The X-rays have rendered inspection possible in fractures, dislocations, and foreign bodies, including some calculi.

Inspection of the blood and urine, of the stomach contents, fæces, and various other mixed and unmixed secretions are means of diagnosis.

Skilled diagnosis depends upon skilled sight, hearing, touch, and smell, and the use of symptoms and signs that are far from being positive indications of any particular disease.

Some signs not diagnostic at all are usually of most help as indicanuria, cachexia, etc.

The writer concludes with a plea for a simple, common-sense spirit in diagnosis that will lead directly from manifestation to immediate cause and will stop there, unless other circumstances warrant the drawing of more general conclusions. Let us drop the folly of a search

for pathognomonic signs as mathematicians have abandoned the attempt to square the circle, and when some eminent authority, native or German, assures us that he can diagnose the existence of a rennet ferment in the moon because he has demonstrated the presence of green cheese there, let us not be too deferential, at least not to the extent of doubting our own senses more than once or twice in succession. The commonest politician knows that to control men he must understand the divers qualities that make up their individuality, that it is not enough to remember their names and faces. So the physician who expects to manage disease must not only be able to recognize it and call it by name, but his diagnosis must be what the name literally means—a thorough knowledge.—*Charlotte Med. Jour.*

[This might almost have been written by a homeopath—one of the original kind; for the modern homeopath, of the vintage of any spring for ten years last past, is practically a diagnostician first and last, and a swaw-deensing homeopath between times. The lines underlying this excellent article is that which every good physician should carry in his mind: to wit, that diagnosis, when well made, is a good thing; and still we may become so wrapped up in the contemplation of our ability to tell where the engine is broken, that we may wholly overlook the necessity of repairing it. Again, diagnosis is a flexible quantity. It is changing continually, so that an expert diagnostician of ten years ago, unless he kept even pace with all the fads flitting across the medical, chemical, and physiological horizon from day to day, would soon find himself outclassed and out of the fighting line. Why not, therefore, stick more closely to the healing line of our profession—not, of course, neglecting any part of our profession—but, bearing down a little harder on the Cure part of our work. The laity care but little for our affectations of science, our long words and long faces. "Call it anything you like, doctor, only cure me." Of what earthly value is a post-mortem either to the victim or his family or to the profession! Since it is very evident that the best skill is incapable of determining during life what ails the patient, of what need is the post-mortem revelation that he had but one kidney, or had "two-buckles" on his lungs: The old school is noted for its diagnostic researches.

But the homeopathic school is, or was, and should still be, famous for its Healing.]

### *Don't Monkey With Babies.*

The danger of mixing up newborn babies is a very serious matter. The plots of many novels have hinged upon the identity of children born on the same day getting mixed in the shuffle. But the shuffling of three babies—twins and a single—is a new combination, which is just now perplexing two mothers in Pana, Ill. The story is told in the *Courier* in the following words:

A couple of ladies in Pana desired to play a joke on the husband of one and got things into a pretty mess before they got through. The husbands were absent from home when the ladies gave birth to children, twins being born to one and one to the other. The single baby was transferred to the bed of the twins in order to make the father of the twins think he was the father of triplets. Then after the joke had been allowed to cause consternation for a time in the mind of the supposed father of the triplets the whole thing was exposed, but the mothers were unable to identify their children. One woman took one and the other retained two, but neither is certain she has the right ones. Hysterics and other evidences of excitement are in order, but the complete identity of those children will never be established. The mother of the twins will know that she has one of her children, but which one? While the mother of the one child will never be certain that she hasn't one of the other woman's babies.

This occurrence conveys a very grave lesson. It teaches that women should not play jokes on fathers of families on so serious a subject as twins and triplets.—*Medical Era.*

### *How Allopathy Regards The New Word Curentur.*

What is the law of similars? The true fold itself appears to be divided on this fundamental point. In the same issue of the *Homeopathic World*, Dr. R. E. Dudgeon (the only man among the sectaries of whom we feel disposed to say *Talis cum sis utinam noster esses*) shows that the great dogma *Similia similibus curantur* is a perversion of the word of Hahnemann, who wrote *Similia similibus curentur*. The prophet of homeopathy did not, it would appear, teach that likes are cured by likes, but that likes should be treated by likes, the Latin verb *curare* meaning not to "cure," but to care for, that is to say, to treat—a very different thing, as even the most malignant "allopath" will allow. But perhaps the prophet did not know Latin;



and in any case the difference is not of a vital character. Dr. Dudgeon, however, clearly shows that the sacred text of Hahnemann has been misconstrued, and even tampered with, almost as much as some other inspired writings have been. With so uncertain a voice, indeed, does the discoverer of the famous "law" speak that Dr. Dudgeon actually calls on the disciples of the cult to cease regarding its author as "the inspired Messiah of a new faith, and his *Organon* as an impregnable evangel of a new *religio medici*!" On the other hand, we find in the *Homeopathic Envoy* a vigorous profession of faith in the founder of its creed; it wants "not scientific-coal-tar-salicylic-acid-quinine homeopathy, but the old Hahnemann kind." But in the light of Dr. Dudgeon's textual criticism we may be permitted to ask: What is the old Hahnemann kind? Poor Hahnemann, in these rationalizing days, has gone the way of most prophets; his law is a disputed text over which his followers wrangle with a warmth which proves that whatever may be the right definition of homeopathy, it is not quite correctly described as "sympathy between man and man." —*British Med. Journal*.

[Do you see, Dr. Dudgeon, honest man and good homeopath that you are, what your defense of *curentur* has done for the school? Have we gained anything by the substitution of the one word for the other? A little singular, too, isn't it, that the gold medal found in Hahnemann's coffin gave the word as *curantur*? or didn't he know Latin?]



### MEDICAL RECIPROCITY.

AT the annual meeting of the Massachusetts Surgical and Gynecological Society held in Boston Dec. 13, 1899, the following resolutions, suggested by the president, Dr. J. P. Rand, in his Annual Address, were unanimously adopted:

WHEREAS, The Massachusetts Surgical and Gynecological Society believing that the laws for medical registration, as they appear in many States, are unjust to the reputable practitioner who for any reason may desire to change his location from one State to another;

Therefore be it *Resolved*, That this Society call upon the American Institute of Homeopathy, as the oldest National medical organization in this Country, to take some action toward bringing about a uniform system for registration in medicine, whereby a physician legally qualified

to practice in any State or Territory of this Union, or in the District of Columbia, may be allowed to register for practice in any other State or Territory of this Union, or in the District of Columbia, upon the presentation of a verified certificate and the payment of a nominal fee;

*Resolved*, That a copy of these Resolutions be forwarded to the chairman of the Legislative Committee, of the American Institute of Homeopathy, for such consideration as may be deemed expedient.



### Correspondence.

*Editor of THE AMERICAN HOMEOPATHIST,*  
Cleveland, Ohio.

*My Dear Doctor:* The Finance Committee appointed by the American Institute at their meeting at Atlantic City in June of this year have received from the Monument Committee the following report of the present financial condition of the project. This report extends over a period of nearly eight years, and will show the receipts and expenditures during that period. The Committee requests its publication in order that your readers may have an opportunity to examine it and appreciate the large amount of work that has been done by the Monument Committee. It is estimated that \$25,000 more will be required to place the monument upon its pedestal, and plans are now maturing that it is hoped will result in rapidly providing that amount.

Will you kindly give this space in your next number.

Very truly yours,

THE FINANCE COMMITTEE.

GEO. G. SHELTON, M. D., Chairman,  
521 Madison Avenue, New York.  
O. S. RUNNELS, M. D., Secretary,  
203 N. Meridian St., Indianapolis, Ind.  
BENJAMIN F. BAILEY, M. D., Lincoln, Neb.  
JOHN R. KIPPAX, M. D.,  
3154 Indiana Avenue, Chicago, Ill.


FINANCIAL REPORT OF THE HAHNEMANNIAN MONUMENT  
COMMITTEE, NOVEMBER 8, 1899.

#### RECEIPTS.

From Subscriptions, Interest on deposits, Sale  
of models, etc., . . . . . \$29,233.84

## EXPENDITURES.

Contract for building, account of,	\$25,000.00
Contractor, expenses of, . . .	191.10
Awards, competitive designs, . .	721.73
Models, . . . . .	525.15
Photographs, . . . . .	117.91
Printing, circulars, booklets, stationery, . . . . .	829.94
Postage, . . . . .	433.50
Clerical assistance, . . . . .	880.90
Expressage and freight, . . . . .	29.50
Railroad fares, . . . . .	220.11
Incidentals, telegrams, collections, commissions, . . . . .	52.63
Auxiliary committees, expenses of,	119.06
Cash on hand, . . . . .	112.31
	<hr/>
	\$29,233.84



### Globules.

Dr. M. C. Sinclair of Grand Rapids, president of the State Board of Medical Examiners of Michigan, has resigned as censor of the Detroit Homeopathic College.

The *University News Letter* reports the opening of a mound a few miles below Ann Arbor by Dr. W. B. Hinsdale, and the finding of a skeleton of a man lying on at oval bed of burnt clay. On the skeleton's left hand was a pile of bones not human, several arrow points, a number of awls made out of antlers, a copper needle, and a barbed fishing spear. The mound was about fifteen feet in diameter. The skeleton was found about four feet below the surface.

During the year ending June 30, 1899, 1218 patients were received at the homeopathic hospital of the University of Michigan. Of this number 523 were in-patients and 695 out-patients. One thousand one hundred and fifty-three were from the State of Michigan and 65 from 22 States and foreign countries. A larger number came from the farm than from any other walk in life. The increase in the number of patients is illustrated by the fact that more patients were registered during the past year than during the five years from 1889 to 1894. In the eye and ear clinic alone, as many cases were treated this year as during the first six years following the organization of the chair. The receipts of the hospital for the year were

\$9,014.46, as against \$5,335.81 for the preceding year.

Dr. C. E. Fisher, with his daughter, has gone to Havana, via New Orleans, where he will spend the winter at 67 Prado Street. The cold of his Northern visit has not done him any good, so he has concluded to go to Havana, where a good practice awaits him. In this connection it may not be amiss to say that members of our profession who have patients going to Havana will do well to remember Dr. Fisher.

### To His Delinquent Patient.

If I should die to-night—

And you should come to my cold corpse and say,

Weeping and heart-sick, o'er my lifeless clay;

If I should die to-night—

And you should come in deepest grief and woe,

And say, "Here's that \$10 that I owe,"

I might arise in my great white cravat

And say, "What's that?"

If I should die to-night—

And you should come beside my corpse and kneel,

Clasping my bier to show the grief you feel;

I say, if I should die to-night—

And you should come to me, and there and then,

Just even *hint* 'bout paying me that ten,

I might arise awhile—but I'd drop dead again.

—*Gross Medical College Bulletin.*

The *Homeopathic World* of London, Dr. John H. Clarke, editor, seems to have stirred up a hornets' nest over in old England with his November editorial, "Close up the Ranks." In this the editor assumed that the homeopathic profession of England was in two clearly divided parties. In his December issue Dr. Clarke publishes a letter from Dr. Dyce Brown denying this allegation, unless Dr. Clarke meant to imply a division between the high- and the low-dilutionists. But Dr. Clarke sticks to his point that irrespective of the dilutionists there is a wide separation of the homeopathic profession. And the Americans who visited the London Congress in 1896 discovered that division before they were in Lunnnon-town two days. We referred to this very fact in one of our letters published in this journal. Dr. Clarke is

right. And England will never get any official recognition for homeopathy until its eminent practitioners unite and move for such recognition.

The Chicago Materia Medica Society met on Tuesday evening, December 12th, at the Sherman House, and discussed "The Course and Action of Camphor." Dr. T. C. Duncan is president, and Dr. P. S. Replogle secretary. A valuable society.

The Physician's Visiting List published by P. Blakiston's Son & Co. is again upon our table in its many times annual appearances. It combines as always all the desirable qualities which have made it so popular with the profession.

Dr. Eber W. Gurley of Cleveland announces the Gurley Laboratory, 176 Euclid Avenue, where analyses will be made for the profession of sputum and urine, and the like, and that such reports will be furnished in twelve hours.

Dr. Warren D. Howe, Cañon City, Col., has removed his office and residence to cor. Ninth and Greenwich streets. Here he has first-class private hospital facilities, and invites Eastern brethren to send him patients who need the revivifying influences of a high and dry and uniform climate.

The great fire at Philadelphia, which destroyed so much of value to the publishing house of the Lippincotts, we learn did not do quite so enormous a ravage as at first reported. We hope that this well-known and always popular firm will not be seriously handicapped in its future work. It has always been noted for its excellencies. Its recent and last edition of *Lippincott's* was one of its "banner" numbers.

Dr. J. Martine Kershaw of St. Louis appears upon our table with a reprint from the *Homeopathic News* of a paper entitled "Chronic Purulent Otitis Media." Also a second paper, "The Treatment of Pneumonia." And a third paper, "Symptoms of Abscess of the Brain due to Inflammation of the Middle Ear." Those of us who know Dr. Kershaw well, and we are proud to number ourselves among that number, know how well he writes and lectures. These papers are in his usual vein, very happy and graphic.

"Tight-ford" fever was what one of our patients had had. And a little girl said she had "anchored" sore throat.

A prominent Prepared-Food firm in one of its circulars says "digestion is a tax upon the vital powers." So is life, doubtlessly.

The Chicago post office has engaged a physician at a salary of \$1700 a year whose business it is to be at the main office and examine applicants of the postal service for sick leave. The government expects to more than make it up in salaries saved.

Dr. Howard S. Paine of Glens Falls, N. Y., has been employed by the American Institute Committee on International Homeopathic Congress to take the Institute to Paris next July. Dr. Paine gives a number of tours from which the membership may select. Dr. Paine is master of the touring profession.

Our august and revered name has now reached the Empire Pharmacal Company of Chicago, who offer to fix us up all right for about \$2.50. This is another of that series of reprobates who have bought our name from the others who have been misusing it, in the belief that we needed sexual stimulants of various kinds. When we wrote this last-named company they answered in a grieved tone that we hadn't treated them at all gentlemanly! As if filling our mail with Three-Day-Cure literature was matter for courtly treatment! Where will it appear next?

The steamer rates from the Atlantic seaboard have been so largely increased, and the crush for berths next year has become so great, that it is a question of the gravest kind whether very many people can cross the ocean who do not carry the unearned increment from a gold mine in their hip pockets. One company has raised its rates 65 per cent., and will not sell return tickets. Lookout, you intending tourists, that you are not taken in and done for! You may get to Europe all right enough. But getting back home, even with a prepaid ticket in your vest pocket, may be an entirely different affair. Even this fall several Cleveland visitors were obliged to wait four weeks before they could find berths to come home in. What it will be next year may easily be imagined.



Those whose join our party will be sure of a return ticket, for we will not deal with any company which will not assign us return berths. Do not delay speaking at once for your steamship berths. If you do you will travel next year in wretched style and be glad of any place in the vessel to put your head.

**Dr. J. J. Thompson** of Chicago is collecting statistics and information touching the treatment and its results in appendicitis. Any information along this line will be appreciated by the doctor.

It is said that a fiery red nose can be bleached by being painted with a 5 per cent. solution of boric acid. Also on the same authority that a black eye can be bleached with peroxide of hydrogen. For the latter contingency we have had best results with the tincture of capsicum, a 50 per cent. solution applied hot and kept hot. The patient will also be kept hot.

**Charles E. Fisher, M. D.**, editor of the *Medical Century*, Chicago, and ex-president of the American Institute of Homeopathy, visited the homeopathic department of the University of Michigan Monday and Tuesday, November 20 and 21. Monday afternoon he assisted the professors of gynecology in performing a difficult operation. The following forenoon Dr. Fisher addressed the students of the homeopathic department.—*University News-Letter*.

We learn that our former brother editor—of the *New England Gazette*—**Dr. J. P. Sutherland** has been elected dean of the Boston University School of Medicine, *vice* Dr. I. T. Talbot, deceased. We extend congratulations to the school in having found so worthy a successor to Dr. Talbot.

From a recent issue of the *New England Medical Gazette* we note that the Memorial Exercises in behalf of the late departed Dr. I. T. Talbot were duly held in the Association Hall, Boston, as advertised, and that nearly all the speakers mentioned in the programme were present and took part. There was an address by the president of the Massachusetts Homeopathic Medical Society, Dr. Frank C. Richardson; an address by Dr. Wm. F. Warren, for the Boston University; an address by Col. Charles F. Codman, representing the laity; and ad-

resses by Drs. Pemberton Dudley, Conrad Wesselhoeft, J. H. McClelland, and John L. Coffin, representing the profession at large, the American Institute of Homeopathy, the Faculty of the Boston University School of Medicine, and the Massachusetts Homeopathic Society. There was appropriate music by a choir, and prayer. The occasion was of melancholy beauty, and fitly commemorated the excellency of character and acts of dearly beloved frater Dr. I. T. Talbot. Vale!

Will the American Institute of Homeopathy permit the Monument of Hahnemann to be sent to the junk shop? Has it come to this? The motion for visiting Cleveland next year was distinctly though unhappily coupled with the proviso that IF the Monument Committee cannot raise the required amount to place the Monument in Washington next year, then, and in that case, the American Institute will meet in Cleveland instead. With no intention of disloyalty to our home city, the thought will obtrude itself that if the Institute comes to Cleveland, it will be at the *expense* of the Monument. Because it has been so left and will be so understood. And it will take the combined efforts of several new committees to drag the Monument again into the fighting line, if it is now sent to the rear by the contemplated action of our next annual visit. Come to Cleveland by all means, but not with the death knell of the Hahnemann Monument in your ears.

The insurance company referred to in our last issue which sent us so insolent a blank for filling-in, we beg to say in answer to a number of requests, is not an old-line company, but an institution of the Northwest on the assessment plan. We do not know what form of possible iniquity the old-line, or straight-line, insurance companies inflict upon the medical man who had the misfortune to lose one of his patients' patrons. We do know this, that in the main they all partake of the nature of privileged communication, asking the physician to declare in writing what he would not dare to disclose in conversation to the most trusted friend of the family. It would serve some of these physicians perfectly right if an outraged family should call the physician to account for smirching the



memory of the deceased. The insurance company is entitled to just what they are entitled to—the cause of the man's death, the treatment of the disease for which we were called in. If they want to pry into the private history of any man let them employ others, who may enjoy that sort of occupation, to do so, and pay for it. The physician receives nothing from the insurance company for this service, and were it not a ground-hog-case on behalf of the bereaved and mourning family, the attending physician doesn't live who wouldn't throw the insolent insurance blank into his waste basket. In the olden times it was the custom of the companies to require the applicant for insurance to pay the examiner. But in the interests of insurance policy it was found to be a mistake, so that now the better line of insurance companies pay the examiner's fee. Let them extend this same policy to the physician who is asked to take of his time to help the insurance company to settle its claims, and see if they would not be better served. At any rate, let them stop asking the profession for secrets which the law distinctly prohibits the medical man from disclosing.

**Success** is the best criterion of the excellency of a sanitarium, as it is of anything else.

The most successful homeopathic sanitarium for the treatment of Nervous and Mental Diseases, Opium and Alcoholic Habitués, is that of Dr. Givens, at Stamford, Conn.

During the past year three new cottages and a large amusement hall have been added, and the yearly demand for increased accommodations shows the standing of that institution better than words.

A young homeopathic doctor would like to associate himself with some good physician to study for hospital entrance. Doing driving, taking care of horses, acting as assistant, or practicing on shares to defray living expenses.

Address P. B. P., care A. L. Chatterton & Co., New York.

The Rochester Optical Co., manufacturers of the famous Premo cameras, is advertising its perfected Pony Premo No. 6. We have found it especially adapted to medical work; it will

carry glass plates or film; enlargements can be made from any photograph or specimen; and the picture shown clear and distinct to the very edges of the proof. It is a marvelous camera and deservedly popular.

You that are going abroad next year should not fail to provide yourself with a Stallman Dresser trunk to put under your berth. They are made of the regulation height, are snug and strong and easily carried.

The Christmas number of *Scribner's* has its usual pretty title-cover page. This colored cover-page is becoming quite an attractive feature of this magazine. They are apropos to the month, and the colors bright and lasting. The contents, it seems hardly necessary to say, are up to its past standard of excellence. Its fiction is always interesting, while its illustrations are among the best in the magazine market of the day.

Dr. Crusius, who we thought was dead, is with us again in a series of his famous skull pictures published as a calendar by the Antikamnia Company. No one not a physician can appreciate the delicacy of technique required in painting a skull so that it will seem to take on life and character. The Antikamnia Company sends these calendars to physicians on the same engagement as heretofore. They are not intended for popular distribution.

The May curette from the house of A. F. Farmer & Co., 238 and 240 Blue Island Avenue, Chicago, is a novel device, and from appearances must be very efficient in curettage. This curette is in the form of an auger or cork-screw, the flanges of the wind so arranged that they may be used either for a blunt or a sharp edge. They also carry gauze into the wound. We should say that in a case of miscarriage or abortion, or after childbirth at term, this May curette would be invaluable in the hands of the gynecologist or obstetrician.

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#### The American Homeopathist.

ISSUED TWICE A MONTH. This journal is published for its subscribers only, and has no free list. Sample copies are never sent. Subscriptions are not discontinued until so ordered.

A. L. CHATTERTON & CO., Publishers.

# The American Homeopathist.

JANUARY 15, 1900.

FRANK KRAFT, M.D., CLEVELAND, OHIO, EDITOR.

## OUR PORTRAITS.



WM. CULP BROWN, M. D.,  
Austin, Ill.

## DR. NICHOLAS SENN IN CLEVELAND.

THE well-known war-hero surgeon, Dr. Nicholas Senn of Chicago, arrived in Cleveland on the morning of the 22d of December and was met by Dr. Biggar, who gave the distinguished guest a luncheon at the Union Club, where twenty-two covers were laid, the occasion being graced by Mrs. Biggar, and a number of ladies, together with Dean Williams to represent the clerical, and Mr. Golder the legal profession, and a number of eminent representatives

of the local surgical profession. The occasion was wholly informal, no set speeches being called for or indulged in, though following the *pousse café* story-telling was the vogue and participated in and much enjoyed by those present. Dr. Senn made a pretty little speech comporting well with his modest and unassuming nature. In the evening he was the guest of the Cleveland Medical Society, meeting in the Chamber of Commerce building, where he gave a lecture on wounds of the skull. Following this he was tendered a banquet and smoker.

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THE impression made in Cleveland by the distinguished gentleman was of the most agreeable kind. He is terse in the description of his work, using the very fewest possible words; his operations show the same terse technique—if the latter much hackneyed word may be so modified; his movements being quick, quiet, and graceful, but well studied, without affectation or needless display or parade. His speaking and his operating are quickly and deftly done. He held a surgical clinic at the Cleveland General Hospital on the next morning. A conversation with him by the present writer disclosed the fact that Dr. Senn, in consonance with the better and more, or most, progressive wing of his school, is liberally inclined toward the homeopaths, and has many words of kindness to speak for them in his daily walk and work, and the aid rendered him in the recent war by the members of our school with whom he came in contact. He says that Rush College, with which he is connected, has now very nearly a thousand students.

## Materia Medica Miscellany.

Conducted by J. WILFORD ALLEN, M.D., 110 West 12th Street, New York.

### *Pulsatilla: Aggravations and Ameliorations.*

Aurand,<sup>16</sup> in a lecture on this drug, says :

Symptoms are aggravated in the evening, or every other evening. I have been called many times in the early part of the evening or night to relieve aggravated pains when pulsatilla was the indicated remedy. The warmth of the bed after retiring will frequently so aggravate the symptoms that the doctor must be called at once, and the patient will say that the pains, or other symptoms, gradually grew worse as the evening came on and became so much worse after retiring as to be unendurable. This will occur in skin diseases, when at night the itching will become unbearable. The patient doesn't feel so well while lying down, especially while lying on the left side. She feels uncomfortable in a warm room. Gastric and intestinal symptoms are usually worse after eating, and especially if fat food, pork, ice cream, fruit, and pastry be taken. Our pulsatilla patients do not like wet weather, because they do not feel so well. All symptoms are aggravated just before menstruation.

Symptoms are ameliorated when the pulsatilla patient seeks the open air, wants to be in a cool place, and has a desire for cold things in general; she says these make her feel better in every way. She usually feels better from midnight to noon. Dry weather is very agreeable, for all symptoms are relieved, especially in cool, dry weather. She prefers exercise to quiet or lying down, but if lying gets most comfort while upon the back. External pressure is pleasant because of the relief it brings.



### *AN OENANTHA CROCATI CASE.*

Reported by W. K. FOWLER, M. D., Bluffton, Ind.

A TEAMSTER, æt. sixty. History : Nineteen years ago last Christmas got into a fight, had three ribs broken, and was struck in stomach with butt of gun. Five weeks after had pneumonia on same side, after which developed so-called falling sickness, which has continued off

and on most of the time since. Before attacks pain in stomach, going through to spine ; pain also in the second cervical vertebra. Attacks brought on from worry and becoming very tired. Several attacks after day's work was finished. (*Oenantha crocata* on discs, four discs every three hours, continued for two months ; and has now been nearly four months without an attack, until this week he had one slight one after a hard day's work. Has not taken any medicine for three months.



### *APPENDICITIS.*

By H. F. BIGGAR, M. D., Cleveland, O.

APPENDICITIS is a medico-surgical disease. The statement is emphasized, for, notwithstanding the conservatism that has crept into the procedures of surgeons of note and influence, the demand for early radical treatment is by far too common among both medical and surgical practitioners. It is too frequently claimed, *a priori*, that surgical measures only are a rational basis for a favorable prognosis. Results, however, as shown below, furnish an unanswerable commentary upon the subject ; and similar or more favorable results might doubtless be shown in the practice of both physicians and surgeons.

Passing over the familiar grounds of diagnosis and pathology, there are some cardinal but less familiar matters belonging to those topics to which I invite attention.

Many supposed cases of appendicitis are merely an irritation and congestion of the valves of Bauhin (mucous folds forming ileo-cæcal valve) and Gerlach ; the former from smoking too strong cigars and indulging in too many hot birds and cold bottles ; the latter from the same causes together with catarrhal disturbances of the lymphoidal cells or follicles of the mucosa which surround these valves when present. The valves of Gerlach are inconstant structures, but when present serve to retard the entrance into the appendix of intestinal contents. Temperance and simple living are conducive not only to long life, but in many cases will prevent the primary or recurrent attacks of appendicitis.

The clinical propriety of classing together



under the title of *appendicitis* all inflammatory conditions of the cæcum and appendix, whether internal or external, is open to grave objections. In view of the critical nature of acute appendicitis, and the widespread belief that early surgical interference offers the only chance of recovery; and the less critical and urgent conditions which characterize typhlitic inflammations, and therefore the less urgency for surgical interference, it would appear that there is great danger that the keener differentiation of pathognomonic symptoms would not be exercised, and therefore cases operable and inoperable be not clearly made out. My own and the tables of others show this, I think, very clearly. The following shows the number of cases that have come under my care up to this time, the results of treatment, and the methods employed in this sometimes most formidable disease:

Total number of cases treated.....	129
“ “ “ “ “ medically.....	112
“ “ “ “ “ surgically.....	17
“ “ “ deaths, medical.....	3
“ “ “ “ surgical.....	4

Of the 17 surgical cases 13 were acute, and of these 3 were already moribund. Of the same cases 4 were interval operations with no deaths.

#### Percentage of losses:

All cases, including those moribund ..	about $5\frac{1}{2}$ per cent.
Medical cases.....	“ $2\frac{1}{2}$ “
Surgical cases, including moribund.....	“ $23\frac{1}{2}$ “
Surgical cases, excluding moribund.....	“ $5\frac{3}{4}$ “

It may be of interest to note the results in St. Thomas' Hospital (London, 1895), reported by Mr. Hawkins, upon a series of 264 cases. His figures are as follows:

Peritonitis, limited to right iliac fossa, not proceeding to pus formation, 190 cases, no deaths.  
 Peritonitis, similarly localized, ending in formation of pus (perityphlitic abscess), 38 cases, 10 deaths.  
 General peritonitis, 36 cases, 27 deaths.  
 Mortality of all cases, including recurrences

and interval operations, if any, and cases medical, 14 per cent.

From the surgical wards of Johns Hopkins Hospital there are reported up to June 1, 1895, 53 cases. Two were moribund when admitted, and were not operated upon. Twelve were interval operations, with no deaths. So classified the loss was 4 per cent.

It appears, therefore, that the high tribute paid by English surgeons to American operators is well earned.

To return to my own series, following are some of the details: Upon 82 of the 112 medical cases the following treatment was carried out: At the very beginning hot fomentations of hops and whisky; colon flushes of hot water, carbolated 1 per cent.; a carthartic of blue mass, grains 5, in combination with extract hyoscyamus, grains 3; leeches to the abdomen, over the seat of the disease or about the anus. Internally, aconite 2x, belladonna 3x, bryonia 6x, nux vomica 3x, proto-iodide of mercury 2x, at different stages of the disease.

In the remaining 30 of the 112 medical cases the treatment was varied as follows: Application of ice in rubber bags or bladders in place of hot fomentations; and for colon flushes strained sterilized slippery-elm water, carbolated 2 per cent.

Most of the surgical cases were first seen in consultation, after pus had already formed. In these cases the appendices were removed whenever such possibilities existed; that is, in view of local conditions and toleration of the operation by the patients.

In cases of collapse, rectal and intravenous injection of salt solution are resorted to, and strychnia and stimulants are given freely; then, if the condition of the patient improves sufficiently, the operation is completed. Also in light cases when the abscess points just beneath the skin, a simple puncture to liberate the pus will improve the condition of the patient, and when reaction is restored the operation may be completed. Sometimes, *in extremis*, the abscess discharges through the bowel, with temporary or permanent relief.

If proper diet, medication, colonic lavage, and exercise fail to cure in recurrent appendi-



citis, operation is then proceeded with for the removal of the appendix.

From my experience there are no definite or fixed rules to guide us in determining when a medical case becomes surgical. The disease may be ushered in with such conditions as pain, vomiting, tenderness, shock, when delay in operation would be hazardous. Again, the constitutional symptoms are not always to be relied upon : they may be less so than the local.

#### OBSERVATIONS.

Obstipation is an important factor in the causation of appendicitis ; cereals and vegetable foods are the best articles of diet to prevent it, especially after the first attack.

A congenitally deformed or catarrhal appendix conduces to appendicitis.

Even though the appendix is congenitally or otherwise obliterated some find a sufficient excuse for the operation.

Foreign bodies are very seldom the cause. In 1400 cases 7 per cent. only were attributable to them.

Obstruction to the blood supply of the appendix, particularly of the meso-appendix, is another important factor both of cause and local manifestation.

Pain along the urethra in the male, while urinating, should arouse suspicion of appendicitis, especially if local disturbances are manifest about the caput coli.

Hematology may determine the presence or absence of pus. "In abscess formation there is an increase in the number of leucocytes, and the increase is in proportion to the amount of pus formation. If there is no leucocytosis the case is either not one of appendicitis, or is one of the catarrhal or extremely mild forms, or very severe and gangrenous ; the patient being in a moribund condition."

It may be mistaken for one of the following conditions : fecal distention ; typhoid fever ; intestinal obstruction ; renal calculus ; gall-stones ; inflammation of fallopian tube ; extra-uterine pregnancy ; peritoneal tuberculosis ; cancer of appendix, and hysteria.

"When progressive rise in temperature, increase in pulse-rate, obstinate vomiting, increasing tympanites, and formation of pus ; or when

the attack is sudden and severe, the pain intense, pulse rapid, temperature high, respiration short and thoracic, abdomen hard and distended, face pinched and anxious, ushered in with a chill ;" or "if the symptoms do not begin to abate within 24 hours ; it is well to seriously consider an operation for appendectomy."

The diagnosis made, do not operate unless the symptoms warrant such interference.

A high pulse with a normal or subnormal temperature is always alarming.

If appendectomy is not performed when indicated, and the patient should recover from the attack, there is great danger of adhesions forming.

In every cœliotomy I always examine the appendix, and, if there is the slightest indication of deformity or disease, remove it.

Let the incision be as short as will permit thoroughness.

Avoid transverse incision of muscular tissue.

Avoid drainage if possible ; it weakens the union ; and if left too long there is danger from hernia.

The morbidity following appendectomy is much greater than we have any knowledge of, for it is impossible to follow our cases.

The sequelæ of appendectomy are formidable and entail great suffering, especially from hernia and adhesions, and where there is marked general bulging of the abdominal wall on the side operated upon.

Much benefit is derived from colonic lavage if persistently used in both primary and recurrent attacks, especially if caused by intestinal auto-intoxication.

Do not be too firmly set as to any particular method, either medical or surgical ; use cool judgment before deciding what is best for the case in hand.

The prediction is ventured that during the next five years there will be a less number of operations for appendicitis by 25 per cent.

Some surgeons before coming to a decision consult Bradstreet.

The temperature and pulse have frequently decided for me whether the knife or the materia medica with adjuvant treatment should be the means selected to relieve and restore, not only in appendicitis, but in other eminently threaten-

ing conditions. A slight drop in the temperature with correspondingly improved pulse are monitors guiding the surgeon in cases of great responsibility and doubt.

#### A FEW SELECTED CASES WITH INSTRUCTIVE LESSONS.

No. 1.—A railroad contractor living in South Dakota was attacked with acute appendicitis, and started in his private car for Cleveland, hoping to reach here in time for treatment. On reaching Chicago his condition had become so desperate that he was compelled to submit to an immediate operation. Seven months afterward, while in Chicago, he was again suddenly attacked and submitted to the second operation; when a mass of agglutinated blackberry seeds was removed. He had not eaten a berry since a short time previous to the first operation. A fistulous tract remained after the second operation, and nine months afterward he came to me for its cure.

No. 2.—A young man, son of an allopathic physician, whose home was in Michigan, while visiting friends in Cleveland, was operated upon for acute appendicitis. During the five following months he was an invalid. A few days previous to his death he was placed under my charge, when the conditions were found to be most serious and unpromising. A large abscess involving the lumbar and abdominal muscles extended from the diaphragm to the pelvic cavity. The abscess had a very small fistulous opening. An opening was made in the posterior lumbar region and drainage well established, but he did not recover. Had free drainage been established early in the disease he might have escaped the septic condition, and perhaps a life might have been saved.

No. 3.—A young physician had periodic pains about the appendix. He was advised to give up his brandy and soda, *rosa perfecto* cigars, and wine dinners, and lead a temperate and regular life. He did not heed my advice, sought other counsel who advised an immediate operation, to which he submitted. The appendix, though perfectly healthy, was removed. There was no relief from the operation. His manner of high living was then changed, and with it complete restoration.

No. 4.—A lady (not my case) with hysteria. She had pains located about the *caput coli*, which were sought to be relieved by removal of the appendix (?). She was no better and there were recurrences month after month. Another surgeon from a distant city was then summoned, who also removed the appendix (fee \$1250). Now, which operator removed the offending (?) member—or were there two? Weeks passed; patient no better. Another eminent out-of-town surgeon was called (fee \$400), whose opinion was that the pain was a reflex from the uterus. He thereupon curetted, but with no improvement. Discouraged, and perhaps disgusted, a good old-fashioned all-round doctor was called, who treated her for hysteria with complete recovery.

No. 5.—(Not mine, but was deeply interested in the case.) A gentleman with appendicitis complicated with perityphlitis was under the care of a very skilled and conservative old-school surgeon. The case though exceedingly desperate was cured by the use of ice, strychnia, and cathartics. There has been no recurrence since the first attack, for his manner of living was changed to one more in accord with health and longevity. I record this case because of the important lesson it taught. During the severity of the attack there was a great deal of adverse criticism and censure by some of the profession, and some laymen who were very intimate friends of the patient, as to the management of the case, many of the outsiders asserting that appendectomy was absolutely necessary and the only treatment to relieve. The gentleman was president of a large and fashionable club, and greatly enjoyed his wine dinners and fragrant Havanas. After his recovery he quit smoking and his wine is taken in moderation.

I regret that I cannot give the morbidity or recurrence of the medical cases. This is impossible, for many of the early cases have been lost sight of. I do know of a patient who, though slowly improving, was dissuaded from continuing the treatment and method of living, and submitted to an operation by another surgeon. Three years have elapsed, yet he still has periodic attacks of pain, and there is that bulging of the right side. His

manner of living has been only partially corrected.

Another medical case has had two recurrences complicated with gallstones and pyelitis. Six years ago I removed the right mammary gland, and a year ago the left mamma for cystic degeneration. The first attack of appendicitis was ten months ago. I still think that cholecystotomy, and perhaps appendectomy, may yet have to be done before she is a well woman.

166 Euclid Avenue.



### *PUERPERAL ECLAMPSIA TREATED WITH CUPRUM.*

By SARODA PRASAD ROY, Burdwan, Bengal.

A WOMAN aged about twenty years, of a dark complexion and middle size, had an attack of malarial remittent fever at the eighth month of her first pregnancy, and was treated by an allopath. On the sixteenth day of her illness she felt an intermittent pain in her abdomen, and as it was gradually increasing the patient began to be convulsed and became unconscious. I was sent for on the next day, and saw her in the following state: She lay in an unconscious condition; the fit of convulsion was reappearing every twenty or thirty minutes. Eyes spasmodically closed and frothing at the mouth, vomiting of glairy mucus; all the voluntary and involuntary muscles were attacked with the convulsion. Extremities slightly cold and cyanotic. Pulse quick and weak, and during the fit almost imperceptible. The spasm began to appear first on the lower extremities, and then all over the body.

By palpation I perceived the normal position of the child, but could not ascertain by auscultation the fetal heart sound. The internal examination was made by an experienced village midwife; and according to her description I understood that the os was a little dilated.

From the most characteristic indications, viz., beginning of the spasm from the lower extremities, I prescribed cup. acet. (3) dilution, one drop every ten to thirty minutes according to the circumstances of the case, and afterward at longer intervals.

The result was very successful after a few doses, and the fit of convulsions lessened in

force and frequency; a stillborn child came out with the entire bag within six or seven hours. I opened the bag and found the child become shriveled and fetid.

According to my judgment the child died in the uterus three or four days ago. After delivery the uterus was properly washed out with Condly's fluid mixed with tepid water, and as for the internal medicine I prescribed arsenic 30th for the malarial fever, and the cure was complete.

In conclusion, let me cite another case of puerperal convulsion worth notice, though I did not see her personally. She was attended by a midwife who asked me for some medicine to control the convulsion. There was no opportunity of seeing the patient, and the midwife could give no accurate indications by which I could prescribe an appropriate medicine. In such a dilemma I prescribed cuprum metallicum 6th empirically, and on the ground that it is a great antispasmodic according to the law of similars; but it acted like a charm, and the spasm gradually diminished after a few doses, and at last it completely stopped.

By digital examination the os was found completely dilated, but for the inertia and feeble contraction of the uterus it could not expel its contents, and therefore the midwife delivered the child by means of forceps, and by a few days' proper care the patient recovered.



### *GLONOINE IN POISONING BY ILLUMINATING GAS.*

By C. B. GILBERT, M. D., Washington, D. C.

GREAT oppression of chest, as if an iron weight was there; band tight about head on a level with supra-orbital region; desire to take deep breaths; streets, though familiar, seemed strange; staggering so that the servant who let her into my office thought she was drunk; great pressure of blood upward in head; couldn't bear her cloak—not only must have it open, but must take it off entirely; tearful.

Ten minutes after a dose of glono. she felt an intense painful coldness down the spine lasting about a minute, during which time she hugged closely to the stove, which was quite hot; after that she felt better.



**EXAMINATION OF RESIDENT PHYSICIANS.**

FROM a daily paper we learn of a concerted movement on the part of medical students and recent graduates in Ohio to influence legislation to the extent of having all at present resident physicians in Ohio undergoing an examination to determine their competency to practice medicine. *Mais, oui*, wouldn't that stir up some hustling! Rather. Think of some of our ancient and revered medical stand-bys appearing before the State Medical Examining Boards and standing an examination on their knowledge of anatomy and physiology and chemistry and bugteriology and things! Dear, dear, but wouldn't that be a sight for gods and little fishes? Wouldn't it make you stand in awe and wonder to have some of these delectables, these Incroyables asked if they knew how long it takes the blood to circulate through the human body? But no, dear fellow-brothers of those who are within the charmed circle of a fair living, there is no fear of this ever going as far as the front door of the halls of legislation. In the first place, the idea is too chimerical to be entertained by anyone but medical students—though if legislation were really for the benefit of the dear public there ought to be no objection to the enacting of such a law in each State; and, in the second place, laws do not work backwards. Rest in ease, dear brother. We are on the inside. Possession is nine points in the law. We are safe. Let us make the field still harder to get into for these upstart students. We will “learn” them a lesson—to dare to frighten us so!

**SOME ALLEGED DOCTORS.**

FROM a New Yorkian source we learn that a physician, called by a stranger to a lady whom he found taken suddenly very ill in an apartment house, flatly refused to minister to her needs unless given his usual fee of three dollars. The stranger-Samaritan, moved to pity by the pain of the suffering woman, produced the money; the physician thereupon produced his remedies and produced an alleviation, or a cure. In this instance, however, the whole proceeding was a fraud, so far as the

woman and the physician were concerned; the woman being the wife (?) of the physician (?), the twain having adopted this possibly novel way of paying for the rent and other ordinary accessories—of course each recurring time finding some other sympathizing-Samaritan and some other convenient hallway in which to be taken ill.

From another and a nearer source we have recently learned of practically the same trick being indulged in, but in these instances there was no make-believe. Thus:

A man working in a foundry was suddenly taken with cystitis and prostatic agony: he was unable to void his urine. He was carried from an outdoor water-closet to his home,—an humble affair,—and the nearest physician sent for. He came. He looked at the writhing mass of humanity: “If you can produce five dollars, I will draw your water and relieve you”—this to the neighbors who stood about the crazed and suffering man. The neighbors did not have the money, and the physician turned on his heel and went away.

In another case—that of a wretchedly poor widow, eking out a wretched pittance going out to work, scrubbing, washing, window-cleaning—in this case one of her younger children suddenly developed symptoms of choking. All domestic remedies being invoked without aid, the “nearest” was called in. “Diphtheria,” said this noble exponent of a noble profession; “give me five dollars and I will undertake the case; if not, your girl will choke to death before midnight!”

And these damnable hounds, clad on with the noble purple of our humane profession, are permitted to be at large and move with men and women as if they had a speck of humanity in their miserable carcasses! The good Lord permits the sun to shine on them, and the lightnings do not blast them!

These were not three-day men, nor proprietors of high-toned medical companies which so largely fructify the newspaper exchequer. But they are apparently reputable physicians, graduates of reputable colleges, and members of reputable medical and other societies.

As between the two classes enumerated—the inhuman dog who robs the widow and the



humble in this infamous fashion, and the advertising quack who puts out his bait for those who have dabbled in dirty things, and rightly got dirt upon themselves, we give the laurel to the latter. For here, when a man or woman falls into their trap, they do so with their eyes wide open. They have played with fire, and logically and justly they have been burnt. But not so in the former case.

Is it to be wondered that the profession is judged by these specimens? Is it to be wondered that the common people do not receive us gladly, but the rather pay a month's wages to the incorporated patent-medicine frauds, in the hope that something may come of the promises so lavishly printed in the newspapers and upon the labels on the bottles?

We are all content to help, tacitly or directly, the efforts of those of our number who are stringing still more barb-wires about our States to keep worthy men out of our district, lest these fellows, who are in and are squeezing the life's blood out of the poor and the defenseless, may have to adopt better and nobler ways of making a livelihood.

In all our great commonwealths, built upon the intelligence of the people, is there no way of reaching the rascals in our midst—these daylight robbers? Must we be forever inventing new means of torturing the honest medical man, who for one reason or another needs to move himself from one bailiwick to another, so that he cannot come into our ancient preserves? Must our efforts at legislation always take the trend of keeping good, new, warm blood out of our body medical, while the blacklegs, who are found everywhere, may go scatheless?



### **SOME HOMEOPATHIC A'S.**

By E. FORNIAS, M. D., Philadelphia.

**How does alumina affect the mucous membrane?**

It depresses the excretory function of the mucous follicles by condensing the tissues and constricting their blood-vessels, thus giving as a result dryness, roughness, and scraping, with scanty secretion.

Give the indication for ammonium carb. in catarrhs.

Chronic bronchitis, with low vitality, atony, and bronchial dilatation; patient is weak, sluggish; coughs continually, but raises with difficulty or not at all, yet loud râles indicate large collection of mucus in lungs. He may not experience a necessity to clear his chest. Catarrhs of old age commencing with setting in of winter till heat of summer. Nose stopped up, worse 3 A. M., must breathe through mouth, awakens smothering; an acrid water flows from nose. Emphysema.

Give the constipation of ammonium mur.

Stools hard and crumbling (nat. mur.), requiring great effort to expel. Distention of abdomen, belly-ache, griping pains about the navel. (Mag. mur. has also crumbling stools.)

Give the menses of ammonium carb.

Menses early and profuse, preceded by cholera-like symptoms and want of appetite; or too late, scanty, and short. Flow is dark, clotted (crocus), often associated with frontal headache; or may be acrid, making the thighs sore (sulph.). During flow there is general fatigue, especially of thighs, and also chilliness, toothache, and pain in small of back.

Give the scarlet fever of ammonium carb.

A dynamic form with dark-red putrid angina, sticky salivation, and drowsiness. Hard swelling of r. parotid and lymphatics of neck. Nose stuffed up, worse at night. Child cannot sleep with mouth closed; springs up frightened. Stertorous breathing (opii.). Skin red, with miliary rash or faintly developed eruption. Involuntary stools, with excessive vomiting. Threatened paralysis of brain.

Give nasal symptoms of aurum metallicum.

Fetid nasal discharge, with caries. Boring pains in the bones of the nose at night.

Give cholera infantum of argentum nit.

Child dried up, looks old (opium); face yellow, dirty-looking. Stools green, like chopped spinach; slimy, fetid, with much flatus, worse at night. Sopor and large pupils. Bowels move from least quantity of food or drink. Very fond of sugar, but diarrhea results from eating it.

Give hemicrania of *argentum nit.*

Of a pressive, boring character or throbbing pain in one frontal protuberance, temple, or into the very bones of the face. At its height trembling of the whole body, intense nausea ending in bilious vomiting. Eyes closed, shuns light; worse from mental labor or emotions. Better by pressure or tight bandage (*sil.*). Sense of expansion in outer head. Head seems too large. Infra-orbital neuralgia, left side.

Give dyspeptic symptoms of *abies nigra*.

Total loss of appetite in the morning, craving for food at noon, and exceedingly hungry and wakeful at night. Sensation of an undigested, hard-boiled egg in the stomach. Pain after a hearty meal. Low-spirited.

Give the locomotor ataxia of *alumina*.

Unable to walk in the dark or with eyes closed (*arg. nit.*); staggers, can scarcely drag limbs, they are too heavy. Tired and weary. Painful soreness in soles of feet on stepping; feels as if walking on velvet. Gnawing pain in the back, or as if a hot iron were thrust down the spine. Nates go to sleep when walking. Weak bladder, fears to wet bed. Urine voided while straining at stool. Rectum inactive, as if paralyzed.

Give the chlorosis of *alumina*.

At puberty, in sallow, slender girls who are always chilly (*puls.*) and crave chalk; with scanty, pale menses (*graph.*); exhausted after menstruation (*china*). Amenia with profuse leucorrhœa; hysterical jerks and spasmodic laughter; anxiety; faint and tired, must sit down; impelled to suicide when seeing a knife or blood (*aur.*); low-spirited on waking. Dryness and harshness of the skin, with absence of perspiration.

Give indication of *abies nigra* in dyspepsia.

Sensation of an undigested, hard-boiled egg in stomach. (*Nux. v.*: pressure as from a stone after meals.) Continual distressing constriction just above pit of stomach, as if everything was knotted up, or as if a hard lump of undigested food remained there. Low-spirited.

Give nervous symptoms of *argentum nit.*

Vertigo with trembling, and legs feel weak as from a long walk. Defective co-ordination of muscles; staggers when walking in the dark, and feels and acts as if intoxicated. Vertigo when walking with eyes closed, which alarms him. Constantly erring in regard to distances, dodges signs, etc.

Give the ophthalmia of *argentum nit.*

Ophthalmia neonatorum or purulent; profuse purulent discharge from the lids. Pus pure, thick, and bland. Non-excoriating lachrymation. Bright-red granulations on lids. Patient relieved in open air (*puls.*) and from cold application. (*Natrum mur.* antidotes the effects of nitrate of silver.)

Give the chest symptoms of *argentum met.*

Short, rattling cough during the day. Sputa copious, mucous, white, thick, looks like boiled starch. Cough excited by laughing or least excitement. Hoarseness of singers and speakers. Great weakness of chest, worse on left side. A raw spot over bifurcation of trachea. Rawness and soreness in upper part of larynx when coughing only.

Give nasal catarrh of *ammonium mur.*

Coryza, with obstruction, soreness, and loss of smell; stoppage, with constant itching; only one nostril at a time. Watery, acrid discharge, corroding the lips (*ars.*, *cepa*). Frequent sneezing, burning in eyes, better at twilight. After previous itching in dry coryza there may be nose-bleed, especially from left nostril. Sneezing may cause stitches in left temple.

Give the female genital symptoms and menses of *ammonium mur.*

Menses too early, with pain in abdomen and small of back, continuing at night; flow more profuse at night. Leucorrhœa like white of eggs, with tension of abdomen. During menses blood from the bowels. Heaviness from lower abdomen as from a load, with anxiety as if abdomen would burst; ceases after sleep. Severe pains in lumbo-sacral region. Bruised or crushed feeling in small of back at night in bed.

Give chest symptoms of *ammonium mur.*

Cough dry, with hoarseness and burning; from tickling in throat; or violent, seem to excite salivary secretions; worse by eating,

drinking cold water, and when lying down. Hawking only brings up small pieces of white mucus; oppression when in bed, worse 3 A. M. Certain spots in chest burn and throb like a pulse. Coldness between scapulæ (lachn.). Expectoration of blood following an itching in throat. Stitches in the shoulders and chest when breathing. Phthisis. Heat at night followed by sweat.

Give the sciatica of ammonium mur.

Hamstrings painful when walking, as if too short (ant. tart.). Pain in left hip, as if the tendons were too short; must limp when walking; when sitting gnawing pain in the bone. Stitches in knee-joint, evenings when sitting. Tearing in thighs when sitting. Violent lacerating, stitching, and ulcerative pain in heels. Sciatica worse while sitting, relieved somewhat while walking and free from pain while lying down.

Give the gastric symptoms of antimonium crud.

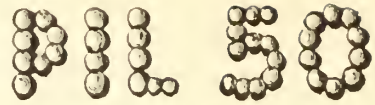
Gastric catarrh. Tongue coated thick white as if white-washed. Loathing and nausea followed by continuous vomiting of mucus or bile. Stools watery with fecal lumps or undigested food, especially cold bathing. Alternate diarrhea and constipation, especially of old people. Child throws up sour curds, is fretful and peevish. Does not wish to be touched (cina) or looked at. Complaint from overeating.

Give the indication for acetic acid in dropsy.

Dropsy of abdomen and legs; general anasarca; intense thirst. (Apis has no thirst.) Pale waxen skin. Ascitis with violent orthopnoea (ars.). Predominance of gastric symptoms; such as belching, waterbrash, and diarrhea.



The *Boston Pilot* tells of an exhorter who was holding forth on the Common, and solemnly presented to his hearers the alternative of "salvation or damnation—the King James Bible or the Douay Bible." Among the audience was a citizen who had been imbibing somewhat freely. This gentleman apparently misunderstood the preacher, for he yelled: "Hooray for the Dewey Bible!" The crowd took up the cry, and the exhorter was compelled to suspend further effort.



### *Too Good to be True.*

An angel had been sent to call the doctor, says the *Medical World*, from labor to reward. He had served the people faithfully and well; had gone to see them at all hours of the day and night, in all kinds of weather; had made moderate charges, and waited patiently for his pay; had sympathized with them in their afflictions, mourned with them in their sorrows, and rejoiced with them when restored to health. Before leaving for heaven, the doctor asked if he could visit the regions below. Permission being granted, while the angel waited outside the door, the doctor went in to look around.

Having been gone an unusual length of time, the angel went to look for him, and found the doctor seated fanning himself and watching a lot of people burning in one of the hottest fires in the place, while a look of supreme bliss lighted his face. The angel looked, and over the door was the sign: "These are the people who did not pay the doctor." The angel touched him and said, "Come, let us go." With a radiant smile the doctor said, "You go on; this is heaven enough for me."

### *Bullet Retained in the Heart.*

Dr. A. G. Podres reports that a sixteen-year-old girl shot herself accidentally in the heart with a pistol, and two hours later was admitted into the clinic. Heart action almost stopped. Wound at junction of sternum and fifth rib on the left side. . . The wound was enlarged and drained, but as improvement was only temporary, an operation was undertaken. On opening the pericardium, a longitudinal wound was discovered in the right ventricle. Needle punctures to locate the bullet were unsuccessful. Then the heart was palpated carefully between the two hands, but no bullet could be found. As the wound was already scarred over, no sutures were made. Eight weeks after the operation the wound had entirely closed. Three months later the patient was reported well. An X-ray taken three months after operation plainly showed the bullet in the lower half of the right ventricle, with which it moved synchronously.—*Exc.*

[What a wonderful thing is Nature! Every tenet of medicine from time immemorial has taught that wounding the heart was fatal. So, also, wounding the brain produced death. Yet we all know of that Vermont miner who while



tamping had a crowbar driven upward through his chin and out at the vertex: still he lived many years after and died of something else.]

### **Why Operated-upon People Die.**

One of the common paragraphs in the daily press reads as follows: "J. D. died at the — Hospital, from the effects of an operation for appendicitis," or from some other operation, as the case may be. Now this is probably an unintentional, but none the less a severe, reflection upon the medical profession. Patients do not usually die as the result of an operation for appendicitis or for carcinoma or aneurism. They die of the disease for which the operation was performed, in spite of wise but unsuccessful efforts to save them. This is a distinction which we hope our lay brethren will finally be persuaded to make."—*The Post-Graduate*.

[How very sensitive the operators are becoming! Isn't the above the same reason why ordinarily medically-treated persons die? Why then make such a nice distinction, as if operations were a class set apart and all by themselves, to be handled with extreme care and caution. Five hundred cases of appendicitis cured will not make as much *éclat* as one case that dies under the knife. It is the "misses" or the extraordinaries in life that are counted against a man or measure.]

### **Alternation of Remedies Exemplified by Children.**

A certain Cleveland attorney has two bright little children. They are quick at imitation, and have a talent for making up games in which they cleverly burlesque their elders. A few days ago their mamma found they were playing "doctor." The younger child was the patient, with head wrapped in a towel, and the elder the physician, with a silk hat and a cane. The mother, unseen by the little ones, listened at the door.

"I feel awful bad," said the patient.

"We'll fix all that," said the doctor briskly. "Lemme see your tongue."

Out came the tiny red indicator.

"Hum! Hum! Coated!" said the doctor, looking very grave indeed.

Then, without a word of warning, the skilled physician hauled off and gave the patient a smart slap in the region of the ribs.

"Ouch!" cried the sufferer.

"Feel any pain here?" inquired the doctor.

"Yes," said the patient.

"I thought so," said the healer. "How's the other side?"

"It's all right," said the patient, edging away.

Thereupon the doctor produced a small bottle filled with what looked like either bread or mud pills and placed it on the table.

"Take one of these pellets," the physician said, "dissolve in water, every seventeen minutes—al-ter-mit-ly."

"How long mus' I take 'em?" groaned the patient.

"Fill you die," said the doctor. "Good-morning!"

[The story-teller pretends to relate this as happening to a Cleveland attorney. But why would it not fit with exact nicety several of our alleged homeopathic physicians?]

### **Why Not Appendicitis In this Case?**

Dr. Eng. Argo (says *Alabama Medical and Surgical Age*) was called to see a boy æt. six suffering with pain, griping, and tenesmus, with frequent desire to stool and passing nothing but a mucosanguinous discharge, with some elevation of temperature. "On further inquiry I found history of dirt-eating, which his peculiar sallow appearance would readily reveal. His father had kept him guarded and in the house for some weeks to break him of his liking for dirt. Finally one afternoon he went at large, and I suppose clay not being very accessible, and the pebbles being in great abundance, he proceeded to satisfy his peculiar appetite by filling his stomach with these little rocks. On examining his bowels, I found the abdomen apparently full of these pebbles. They had lodged in the rectum until a complete impaction had come about. Manipulation over the abdomen would remind me very much of grit in a chicken gizzard. I introduced my finger into the rectum for the purpose of clearing it, but the pain was so great and the contraction of the sphincter was such that I resorted to chloroform anæsthesia. After removing a lot of the pebbles with an ordinary pair of forceps, I gave an enema of castor oil, and cleared the lower portion of the rectum with my finger. Finding still more 'rocks' higher in the bowel, I gave a number of enemas of warm water and soap. With massage, enemas, oil, and endurance, I finally removed in number seven hundred and five pebbles."

[Yet some of us enlightened, modern, scientific people strain at grape-seeds, collar-buttons, and small pennies, lest we invite the microbe of appendicitis to take up his pus-y residence in our midst.]



## Globules.

Dr. and Mrs. Wm. Tod Helmuth sent us their usual compliments of the holiday season. We take great pleasure in wishing them the same with many happy returns of the day.

There is a very strong effort being made to clear the legislative atmosphere, making it less onerous for honest, hard-working doctors, while bearing down extra hard upon the light-fingered gentry which infest the profession here as elsewhere.

The Palmar Arch of Cleveland on December 20 held an interesting and well-attended meeting at the Hollenden Hotel, electing the following officers: President, Dr. A. Gleason; vice president, Dr. W. H. Gifford; secretary, Dr. J. G. Layton; journal clerk, Dr. L. E. Siegelstine; conductor, Dr. C. A. Bingham; monitor, Dr. R. Kittle.

A number of interesting cases were presented. The legislative committee reported progress in regard to their investigation of the non-licensed physicians practicing in the city. The disapproval of the society was expressed toward the action of the State Board of Health in granting certificates to persons not having *bona-fide* diplomas, and a fight will be made to overcome this practice.

The following veracious story appeared recently in an English weekly journal: "Yes, sir," said the American surgeon, "I have performed some wonderful operations. Perhaps the most surprising and most successful was after a railway accident. One of our prominent citizens was absolutely disemboweled by a fragment of the car. I was on the spot. There were some sheep grazing near by, and in a moment's time I had transferred the inside of one of those sheep to the palpitating form of the man and sewed him up." "That man recovered, sir?" "Yes, sir; and he had lambs in the spring."—*South Cal. Prac.*

Despise not the day of small things, nor, we would add, the present of small things. The firm of R. W. Gardner, pharmaceutical chemists of New York, instead of large and costly calendars or quart bottles of odorless cod-liver

oil, and things of that order, in order to advertise their special wares, sent to each known physician a small paper package of assorted corks, with the brief statement that corks in bottles frequently break and make it practically impossible to find the right-sized stopper for that bottle without sending to the nearest drugstore. Hence they sent this package in the hope that it might fill a hole in some emergency and thus obviate profanity. (They didn't say the last.) And within ten minutes after receiving this package we had three occasions to thank their foresight and thoughtfulness. If their preparations are as practical and applicable as their corks, we wish them a large and continuous sale.

Some surgeons before coming to a decision [as to the advisability of operating in appendicitis] consult Bradstreet.—*Biggar.*

Editor Arndt of the *Pac. Coast Jour. of Homeopathy* is not in favor of legislation designed to bar out invalids from California lest these invalids fill California with germs. In placing himself in this position he puts himself in line with the many other progressive un-fad-bitten scientists and medical men.

Under the title of "Medical Reciprocity" the Massachusetts Surgical and Gynecological Society has passed and indorsed a series of resolutions directed to the Committee on Legislation of the American Institute of Homeopathy objecting to the barbed-wire legislation of certain of our States preventing eminent practitioners from moving from one State to another without the necessity of passing the modern inquisition. The resolutions recommend that some suitable and uniform legislation be enacted looking to registration which, when once accepted in any one of the States or Territories, shall be binding upon all other States.

These resolutions grew out of a series of recommendations made in his presidential address by Dr. J. P. Rand.

We venture the prediction that the American Institute will not touch this subject with a forty-rod pole. The folks who are mainly responsible for this invidious barbed-wire legislation are still principal men and directors of the Institute.

Two drops of camphor on your tooth-brush will give your mouth the freshest, cleanest feeling imaginable, will make your gums rosy and absolutely prevent anything like cold sores or affections of your tongue.

This has also been credited with yeoman service in quickly resuscitating a pretty badly confused drunk.

**Says the *Pacific Medical Journal*:** We desire to call the attention of the boards of health in the various cities and towns throughout the State to the fact that horse-meat sausages made in San Francisco are being shipped to points all through the State, as testified to by the manufacturers themselves. It will be in order for boards of health to take some of the sausages which are brought in from San Francisco and have them examined. Dealers who handle these sausages can be prosecuted as well as the manufacturer.

Members of the craft will take due notice and govern themselves accordingly.

**Our** oft-repeated insistence that bugteriology is far from being the solution of all medical disease-problems is being accentuated from many directions at the present time. The opinion that bacteriology is a result and not a cause will throw down the scientific medication which has been holding the boards for the past few years. It is singular, truly, how a learned and trained profession—not now referring to the ministry—can be carried away by every scientific (?) fad which flits across the medical horizon! With another paper from Dr. Bantock on bacteriology, or a few more from Dudgeon on the same theme; a few more touching the non-value of antitoxin; and another one or two from Biggar, showing the value of non-operation in appendicitis—and much of the horror which has of late years enveloped the medical profession will disappear. And after that people will again “catch” disease when their physical or mental structure is below par, and that physician who deals again with his patient as the real I AM and not with the alleged disease-producers—bacilli—will have the best record of success.

**Josh Billings** once remarked that some farmers were so scientific that they won't set a

gate-post until they have had the earth under the gate-post analyzed.

Which, *anglicè*, means that when a medical man does not know he has diphtheria to treat until after the city chemist has analyzed the swabbings of the suspected throat, he had better engage in something else requiring even less brains and ordinary horse-sense than being a scientific-crazed doctor of modern times.

**Dr. Ben Broadnax**, one of the most practical of practical physicians, appears in some of our exchanges as recommending the following as an excellent method in resuscitating the apparently drowned: Open the mouth and take hold of the front part of the tongue with your fingers (covered with a rag); draw the tongue forward and gradually let it go back, repeating the action sixteen times a minute. Be sure the root of the tongue is acted upon and drawn forward. If the teeth are clenched, pry them open gently and insert a piece of wood or cork. Resist the efforts of bystanders to pour stimulants down his throat.

To which we would add, not as a “receipt” for drowning, but for hiccough, that drawing the tongue out and holding it out with enveloped fingers has served us a number of times in stopping hiccough.

In a short paragraph found in a daily paper we noted that eighty thousand answers were found in the intercepted mail of a missing-word contest, and each such answer contained a half-dollar. That is a good deal better business than doctoring at a dollar a visit and not getting even 30 per cent. of that. What amazes us is, first, that the newspapers, which still train as the makers of public opinion and directors of public and private morals, will continue to publish such transparent swindles; second, that the government of the people by the people and for the people permits this flagrant fraud to appear in the public prints or anywhere else; and, lastly, that there are still remaining in these enlightened times people who believe everything they see printed in an advertisement in a newspaper or on a bottle of patented medicine. The quickest damnation for any newspaper or magazine which comes to an honest man's mail is to find that it advertises FREE—this, that,

and the other ! That means fraud from the word go. And any paper stooping to such connivance with a transparent swindle should be bundled out of the backdoor into the furnace room. There is nothing FREE in this world—not even religion ! Everything must be paid for, either in money of the realm, or in some other form of equivalent. A thinking man or woman will not need to be told twice that it costs money to advertise in the papers and journals, and that such expense must be paid by someone. The retired and wealthy missionary who found a certain God-blessed weed which he is anxious to give away to all sufferers from a filthy habit, like the dear motherly buxom female with the over-matronly charms and ten-button “kids,” are myths impure and not simple. 'Ware of them !

**Practical Medicine** repeats another of those time-worn superstitions when it says that the vomiting of pregnancy can surely be relieved by giving a twenty per cent. solution of menthol in olive oil ; the dose being ten drops on sugar just as soon as the nausea appears.

We give this print-room to say that it may be an excellent thing in some diseased conditions ; but the thought of oil or grease in any form to a pregnant and nauseated woman has anything but a tendency to quiet a turbulent stomach. When a voyageur on the rocking bosom of the broad and expanseless Cradle of the Deep is looking askant at the waves, if you want to help him to unbosom himself quickly as by first intention, suggest something oily or greasy ! The best anti-nausea for pregnancy that we have ever used, and which has given us the best average of success, has been a half-cup of hot black coffee sipped through a straw, while lying down—the coffee made by the servant or the husband.

**What** about expectorations ? Winter is here. No mistake about that ! Coughs and colds are here also. Are you going to dose your patients with syrups ? But modern therapeutics tell us there are no expectorants, so what shall we do ? Give “Antikamnia and Codeine Tablets.” These tablets act as a sedative in both acute and chronic affections of the lungs. They promptly relieve the pain, and in

the vast majority of cases decrease and often entirely arrest the cough. Each tablet contains  $4\frac{3}{4}$  grains of antikamnia and  $\frac{1}{4}$  grain of codeine.

**Dr. J. Leland Boogher** of St. Louis appears in some of our exchanges with a paper on “Prostatic Examination” which gives utterance to a decidedly original and logical thought in reference to this subject. He finds that prostatic disease gives rise to many reflex conditions which latter the physician may treat as and for original disease. He discountenances the use of sounds in the treatment, which accords with our own experience. In several instances where we have diagnosed prostatitis and used the sounds we have almost invariably set up a cystitis that gave infinitely more trouble than the prostatic disease. It seems reasonable that an engorged prostate would be irritated and made yet more engorged by the introduction of a foreign object ; and that the proper treatment would be that adopted for reduction of engorged tissue elsewhere about the body.

We still find floating about in our exchanges, mainly however as a “filler,” that line from Winterburn, that six drops of amyl nitrite dropped upon a bit of paper and stuffed into a small bottle and given the parturient patient to inhale whenever an after pain is winging its way to the front, is so excellent in destroying the pain. We refer to it now to say that we have never yet had the first modicum of value from its use—and we tried it faithfully for over six months. Indeed, our experience has been as nearly the diametric opposite as it could well be. There are a great many people who cannot, even when perfectly well, endure the fumes of this powerful drug. Once, later, we read in one of our exchanges that chloroform inhalation could be made practically harmless by mixing it with a certain amount of amyl nitrite. This in one sense we found to be true. Since chloroform thus “doped” failed to produce but the slightest anæsthetic effect, and the amyl was so disagreeable that we abandoned it entirely—except as a resuscitant in epilepsy, fainting, and the like. Talking about chloroform reminds us to say that we, upon another occasion, cut a few lines from an allopathic exchange extolling



the safety of chloroform when wholly inhaled through the mouth! We tried that, too, but will not soon repeat it. There is only one kind of whisky—the intoxicating kind; when you take the “booze” out of it you haven’t any whisky. The same is true of tobacco that is treated to make it nicotineless. Take the nicotine out and you might as well smoke, consciously, cabbage leaves. And still the same is true of all substitutes for coffee. Any one who is satisfied with colored warm water, that looks like coffee, and tastes like it, and still is not coffee, is blamed hard up and needs something strong and “high” for a devitalized imagination. If you don’t want whisky, or tobacco, or coffee, let ’em alone! The same with chloroform and amyl nitrite.

The Cleveland Medical Library, which aims to break down the sectarian bars of the profession, asks for homeopathic exchanges and books with which to interest its readers. Dr. D. H. Beckwith is this year the vice president, and promises to see to it that all homeopathic literature shall be properly received and acknowledged and given place with literature from the other school. If you have not already done so, send a copy of your journal to the library, and help in this way to amalgamize the profession.

The *Hahnemannian Monthly* of a recent date editorializes on the smuttiness of a paper which appeared in a recent journal coming to most of the homeopathic desks. We had ourself noted the offending paper and its discussions, and would have touched it with no gentle pen, if we had not been made to believe that our writings of a very recent past have been too largely devoted to the scolding of men and measures. But we felt the indignity which the paper placed upon the profession. As the *Hahnemannian* wisely and, of course, justly says, in effect, there is no need to parade such subjects in the public eye unnecessarily, nor above all is it nice or wise to discuss the subjects from a humorous standpoint, and then report such humor *verbatim et literatim*. Another journal, not of our household, has been printing papers on sexual hygiene; but the papers were models

of English, and the trend so unmistakably decent that no offense could be taken. There are many things in and about the medical practice that require the going into with almost a scavenger’s touch: but even so it can be done with a decency that would be appreciated even in a professional scavenger. We second the *Hahnemannian’s* effort to purify the journals of obscenity.

Were it not impracticable, mainly because we cannot well publish long papers in our journal, we would gladly reprint and in full the paper by Dr. A. W. Woodward which was an address delivered before the Chicago Homeopathic Medical College, and forms the leading article of the December number of the *Medical Visitor*. It is entitled “Constitutional Therapeutics” and deals with the present almost universally prevailing skepticism in the profession as to the value of therapeutics in the practice of medicine. Dr. Woodward establishes the correctness of such therapeutics, and makes a sharp and perfectly logical division between Surgery and Medicine. “The reason for this therapeutic chaos is erroneous teaching. Until recent years pathologists have believed there was a specific treatment for every disease, and if they could be sure of the nature of the case the correct treatment would ultimately be found; hence they taught that the diagnostic symptoms of the case furnished the indications for treatment. . . Such teaching of pathology, while sufficient for the surgeon who deals with the results of disease, is misleading to the physician who deals with the beginnings.” And so on to the end of an interesting and instructive paper.

In the current *Medical Visitor*—an unusually excellent number, by the way—we find an editorial reporting the amalgamation of the Halsey Bros. firm and the addition thereto of other well-known homeopathic pharmacists of that city and of Milwaukee. In all the congratulations we join most heartily, and wish the new and amalgamated firm a large and constantly augmenting measure of success. We are in hope, however, that this new firm will not soon invade the quiet of our country office and try to

sell us two or three dozen shares of gilt-edged stock on which but a mere trifle need be paid down, provided we buy all our homeopathic materials from the firm. Indeed, we feel confident that the Halsey Bros. firm is built upon a different basis, and that it will continue its pristine popularity without filling our waste basket each month with two Sample Copies of the Largest-Circulation journal in the homeopathic world, besides prospectus-es and red envelopes and promises by the armful. Again we say: Here's to you, Halsey Bros. Co., and may your shadow never grow less!

**Cannabis indica** in ten- to fifteen-drop doses of the tincture, given every three or four hours, is said to be an excellent remedy to check excessive menstruation when due to irritation of the fallopian tubes or ovaries. Should be begun soon after the menstruation sets in.

An exclusive milk diet is now recommended in epilepsy. It has been found to act well without medicines. One old-school journal says it is far superior to the bromides; or if not wholly satisfactory, alternate the exclusive milk diet with the bromides.

We find in the current *Chironian* the pictures of several of our friends, notably those of Dr. J. Wilford Allen, materia medica editor of our journal, and those of Drs. Roberts and Teets. These pictures are quite an institution of the *Chironian*, and they are always well done. Under the title of "Medical Gymnastics" Dr. Guy B. Stearns gives away the whole Osteopathic fad. It is an excellent paper and will bear a good deal of study and memorizing.

**Dr. Mark Edgerton** of Kansas City Homeopathic College recommends the following as a "jag"-cure: Put one part of sulphuric acid in three parts of alcohol. Pour the sulphuric acid very slowly into the alcohol, otherwise it will boil rapidly, heating and breaking the vessel into which it is being poured. Direct your patient to pour from ten to twenty drops of this mixture into a glass two-thirds full of water, sufficient to make the water taste like a strong lemonade without sugar, and drink it all at once. Repeat the dose three or four times daily. During a debauch, or immediately after

one, it may be taken six or eight times a day, or until it entirely subdues the craving, which it usually does almost immediately. Between times your patient should be instructed to drink, if he has much thirst, milk to the extent of two or three quarts daily—if so much is required to satisfy the thirst. If milk disagrees, give egg lemonade or other nourishing drink. Give him good nourishing diet, foods easily digested. Hard drinkers eat little and drink much. Continue treatment three or four weeks.

The modern physician may know too much of the fadderies of the day, and so forget his patient. A little girl had been ailing for months. Many doctors of all schools were called in. Blood tests were made and specimens sent to various specialists, and all united in declaring the case leucæmia—and for leucæmia there is no cure! So the little miss died. On another street of the same city another physician was called to a little girl less than five years old who was also being treated for leucæmia. That she was bloodless or almost so was apparent. The later physician did not regard the scientific name and tests, but went at the case simply as a sick patient, and to-day—well the little one is perfectly well. The simple remedies of our pharmacopœia—indeed, many times the little herb teas and poultices of the next-door neighbor—are better in restoring health than many of our boasted scientific applications—which treat the human body as an inanimate machine. A gentleman of a neighboring city was twice rejected by the medical examiner of an old-line life insurance company because he had Bright's disease. And this verdict hinged wholly and solely upon the presence of a white sediment in the urine after the nitric acid test. The man had no Bright's disease, and has made the rejecting examiner so admit. The scientific test was sufficient to the examiner, and the fact that his patient was absolutely well had nothing to do with the case. Mix your science with brains occasionally.

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# The American Homeopathist.

FEBRUARY 1, 1900.

FRANK KRAFT, M.D., CLEVELAND, OHIO, EDITOR.

## OUR PORTRAITS.



DAVID Y. COHILL, M. D.,  
Salem, Mass.

## HOMEOPATHIC THEOLOGIAN.

AFTER reading that 10,800-words medical sermon recently delivered before a patient class in a Chicago homeopathic college, and noting how its eloquent fabric is marred at intervals by explanations and excuses for the original Homeopathy, we are reminded of what was recently said of Moody, the lately deceased great Evangelistic Commoner. A religious paper, after admitting that he had undoubted

success as a great exhorter, and possessed of a power that turned many men from their evil ways and put their feet into the paths of righteousness and eternal life, yet still declared he wasn't a theologian! And a daily paper, commenting upon this accusation written and placed over Moody's head, queries, in a fine vein of sarcasm, if not of latent blasphemy, 'whether it was not because of this very absence of theology that he was so successful.'

\* \* \*

If our earlier homeopaths had been learned theologians,—that is to say, scientific and up on the higher criticism, always explaining and excusing and amending the original homeopathy which they had inherited from the Master, and had always been anxious to meet, more than halfways, any and all chemical and eclectic and allopathic fads that came down the pike, mattering little and caring less from what school or source or kind, and still called themselves homeopaths,—there wouldn't be even the name left us to-day to conjure with. It would most justly have been extinguished in ineffable scorn. But they were full of the *Power*—were those early untheologian homeopaths. Like Moody they had of the Promethean fire and the common people heard them gladly. Moody drew thousands upon thousands of weary, thirsty, sin-sick souls to him and to the better life; while the costly city pulpits dabbled in the higher criticism and spoke to empty pews in cold and funereal gloom, with stained-glass windows and swinging censers and deadly monotone. If some of our gifted homeopathic exponents would drop the theologian part and get down to a vigorous campaign *for* Homeopathy pure and practical, and not take up so much time nor use up so many thousand words in explaining what



Hahnemann did not say or do, or what he meant and what he didn't mean, it would be infinitely better for Homeopathy.

\* \*

When one reads, for instance, those Praise-God-Barebones letters recently printed in the *North American Journal of Homeopathy* congratulatory of our esteemed brother-editor Porter's now famous definition of a modern homeopathic physician, the wonder grows that we have homeopaths left anywhere. If anyone can find anything in the majority of these letters but a bold declaration and advocacy of the principles of Eclecticism, then we have misread them and so have others with us. Dr. Porter, let it be remarked, nowhere makes the claim for a homeopathic physician which many of these letters impute to him. His definition, while open to honest criticism, does not go the length, nor even suggest the license, which his thankers assume. Note also that pitifully lame excuse that Homeopathy cannot ever become the universal system of medicine because, forsooth, it does not teach surgery and its allied sciences; as if Homeopathy ever did, by any of its most rabid moonshine potency exponents, lay claim to any such nonsensical claim as that.

\* \*

Editor Halbert of the *Clinique* (whose article we publish in this same issue) puts the opinion of a large segment of homeopathic homeopaths into his scholarly editorial. He does it in his always enviable happy, gentle way; but it is there just the same. The mailed hand is under the glove of velvet. Read it again, and see if we speak not truly. Verily we are becoming Latinized. We no longer have Cæsar and Cicero. Now it is Kaiser and Kikero. It is no longer *curantur* but *curentur*. We are becoming scientific and eclectic, with permission to do as we please. We are keeping pace with the medical procession and with allopathy. We no longer have a Law, a positive command. It is only a Rule, an option, a request! It is no longer Thou Shalt! It is become: You May, an it Please you! Heaven save the homeopathic school from this threatened invasion of the Goths and Vandals! We are trailing beautifully and dutifully after the coat-tails of the allopaths, with our puerile pretense of higher criticism and

later Latin. We are become of the Tribe of the Advocators of the Rule, and the Turners-Down of the Law!

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And then there still remain those in our camp who indulge the hope that our newer student or most recent graduate will turn to the old, old story of Homeopathy, as the shepherds did to the star of Bethlehem; and that he will look, most laboriously, for the "indicated remedy" which may in the course of two or three hours still an agonizing pain, and thus tend to cure the patient, when by adopting the devil's needle of the allopath—and in the exact use whereof he he has been most minutely taught even in his first year—he may quiet his sufferer in five minutes! We still dare to cherish the hope that notwithstanding his two years of looking down the brass barrel of a high-power microscope, and through other glasses dimly, for microbes and all that unending colony of cultured bacteriology, and learning that all disease is the product of these minute organisms—we still hope that in his last two years as junior and senior and the several celluloid-collar-and-cuff years following thereupon, he will give his sober and earnest and practical moments, when not doing surgery or gynecology, to the study of the voluminous materia medica—that fetish cornerstone of Homeopathy—and hope by the later adding of a special knowledge of homeopathic therapeutics he may become a good homeopath.

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Vain hope! He has already laid away several note books filled with allopathic and eclectic receipts for future consumption, with many fine notes on the supereminent value of the antitoxins and so forth. It is a God's pity that representative men of our school cannot read Prof. A. W. Woodward and follow in his steps and style, when talking in public, to a lay audience or to an intelligent class of students, and forget the theologian—the scientific twaddle, the lusting after the fleshpots of the Egyptians, and the aping after the modern fads of chemistry and medicine—and just preach and teach Christ and Him Crucified! That is to say, Homeopathy: What it is, What it has done, and What it can do—and keep at that and keep at it still more and yet again more, until presently that audience or

that intelligent class will imbibe the impression that the speaker believes in it, and uses it, and is not afraid to be accounted a homeopath who believes in the old, old story, the old-fashioned homeopathy.

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Prof. Woodward did not weight himself and his topics with a small wagon load of exceptions and because and ifs and ands and buts. Neither did he take up the time of his hearers in making excuses for Hahnemann's being just a mere man, not an idol or a god, and condoning his many (alleged) shortcomings, his lamentable ignorance of all future science, his poor Latin, his spiritualistic and Swedenborgian trend, his French wife, his awfully high potencies, and his many, many some other moonshine theories and failures. Neither did Prof. Woodward take of his time to tell the names and the periods of all the other men in the History of Medicine who had discovered and used the law—beg pardon—the rule of similars, before Hahnemann; thus clearly discrediting and giving the bar sinister to Hahnemann as the author of Homeopathy.

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The man who would presume to rise in a Christian pulpit to-day and make it the principal line of his paper or sermon to excuse the Doctrines of Christ; or show that Confucius, for example, was the originator of the Golden Rule; or that the blessed Redeemer learned all he knew in a Buddhistic convent, between the age of twelve, when he was last heard from in the Temple disputing with the Doctors, until his return to Galilee at the age of thirty; that man would very soon be invited to step down and out of that pulpit. So it should be in our ranks. We have too many theologians amongst us. Too many men with eloquent pens and silver tongues who know nothing of Homeopathy. Who have not touched even the hem of the seamless garment. Too many men who are competent and do write and talk most learnedly and scholarly of everything pertaining to Homeopathy except Homeopathy! Too many men who excuse their unhomeopathic means and practices, and thus miss the pearl of great price. There are too many homeopathic theologians who are ashamed of their medical ancestry. Too many who now take up much time in explaining why the family

name is hyphenated or spelled Joyhnes instead of Jones as it was with the respected father and honored grandfather. Out upon these shame-faced homeopaths!

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If you don't understand Homeopathy buy or borrow the *Organon*, the *Lesser Writings*, Dunham's two volumes, and Bradford's *Logic of Figures* and read and ponder them for a few months. Read after Hahnemann and his loving disciple John, the Sweet Melanchthon of Homeopathy—Dunham—and with an open heart. Search the Scriptures for love and hope and comfort and immortality. Search the Books of the Homeopathic Law (NOT Rule) for help and understanding, not to find flaws and faults and failures. No wonder the common people do not receive us gladly. They can't understand us. We are so embalmed and mummied in the ceremonies of science and higher criticism that our own mothers wouldn't know us.

\* \*

Break away from the modern science which tends to mystify and numb and kill the true spirit of Homeopathy. The letter killeth. The spirit maketh whole. Eclecticism is a good school, but it is not Homeopathy. Allopathy, with all its worldwide and imperishable monuments of greatness and achievements, is a good school, but it is not Homeopathy. The best homeopathic physician is NOT made by taking a dyed-in-the-wool allopath, or an original-sin eclectic, and then give him or them a special knowledge of homeopathic therapeutics. The best American is born, not made.

\* \*

The average medical man doesn't have time to engage in deep-sea reasoning with himself concerning the refinements of the homeopathic syllogism. The average man in our profession is there because he hopes to make a better and an easier living and stand higher in the social scale than if he had continued a mere dapper flat-footed floor-walker, or a dirty-overalled day-laborer, or a skilled mechanic. He is there because he hopes to make more money than at street-car motoring and conducting, or keeping a corner grocery, or blowing the village smithy under the spreading chestnut tree. This

isn't that poetical definition of a medical man found in the journals and text-books, and which forms the chief corner-stone of the nearby clergyman's annual faculty address. But deny it who dare! And this average medical man, having paid a great number of hard-earned dollars and given four of the best years of his life in acquiring a college knowledge of medicine, wants that which will help him most quickly to recoup himself and give professional standing and social prestige and their corollary—the Mighty Dollar! If he is taught *sous-allopathy* in the first two college years, with its attractive and alluring system of palliatives, and its glittering generalities, it will take a good many more than the final two years of his college life to show him any value in the Mild Power. He may never see it.

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Alas, we have fallen upon evil times. Our theologians are many. Our Preachers of the Living Word are few!



### Materia Medica Miscellany.

Conducted by J. WILFORD ALLEN, M.D., 110 West 12th Street, New York.

#### *Thlaspi Bursa Pastoris.*

Dr. Millie J. Chapman<sup>17</sup> had her attention first called to this remedy in cases of sub-involution following either abortion or labor at full term, when it many a time induced recovery. She says she has since witnessed equal success in hemorrhage from uterine fibroid where the flow was controlled, and the growth was greatly reduced in size before the age of the individual would naturally produce these changes. Also uterine hemorrhage, attended with cramps and expulsion of clots, has been relieved by it after curetting had failed.

A member of the Woman's Prover Association took five drops of the tincture three times a day for ten days. This was followed by a great increase of urine and menstrual flow lasting fifteen days. She became alarmed, and could not be persuaded to continue the proving. Another took ten drops, three times a day for five days, when the quantity of urine and brick

dust deposited was so unusual that her interest in scientific investigation suddenly ceased.

About a year since, there came for treatment a patient who had suffered long from both disease and treatment of the bladder. *Thlaspi 2x*, and later five-drop doses of the tincture, expelled great quantities of sand and was followed by complete relief of the bladder symptoms and the disappearance of rheumatic pains that had been supposed incurable. Another case of similar bladder irritation and marked evidences of gout was promptly relieved. *Thlaspi* also has a reputation in the cure of urethritis following marriage. The good results from its clinical use convince me that a more thorough proving would insure a more frequent administration of this remedy.

#### *Cantharides as a Hemostatic in Hematuria.*

Henderson<sup>37</sup> reports that a patient who had suffered with hematuria for two and a half years was immediately benefited and soon cured. He had tried very many hemostatics without avail. Before beginning with cantharides the urine was almost black and loaded with red blood-cells. There were anæmia, depression, and malaria. No stone could be found in the bladder. Five-minim doses of the tincture of cantharides were given daily. After three days the urine cleared and the dosage was gradually lessened, the urine remaining perfectly clear and healthy. Later, general tonics were used. The writer attributes the good results to the tonic effect of cantharides on the kidney.

#### *Crategus and Spigelia.*

Halbert<sup>8</sup> says *crategus* is a cardiac stimulant of recent use. It seems to have a beneficial action in cases of failing compensation and dilatation with extreme dyspnœa. It has a powerful action upon the pneumogastric, correcting its inhibitory function when cardiac failure exists as a result of too much sympathetic stimulation. On the fatty heart of old people it is a safe and sure remedy. It may be given in three- to five-drop doses of the tincture from three to four times daily; without doubt the first decimal potency will yield more lasting results.

*Spigelia* always should be thought of when



inflammatory action involves the heart; pain, therefore, is one of its constant symptoms and this is of neuralgic character; the pain radiates away from the heart either down the left arm or through to the spine. Acute rheumatic attacks generally call for spigelia, and therefore endocarditis is frequently the complication suggestive of this remedy. Violent palpitation with dyspnoea and an irregular tremulous pulse action are characteristic symptoms; there is also a peculiar "purring" sensation over the heart region. Ciliary neuralgia and periodic bilious or sick headaches are associate symptoms.

### *Sarsaparilla in Renal Colic and Passage of Gravel.*

Blackwood<sup>3</sup>: Mrs. R., aged thirty-three, has been afflicted for past three years with a severe pain in lumbar region which extends downward to the hypogastric region. The pain becomes worse at intervals, and of such severity that anodynes have to be used. At the time of these attacks the urine is scanty, slimy, turbid, and there is passed with every urination an amount of small gravel, some of which are as large as a small grain of wheat. At the close of each urination there comes such a paroxysm of pain as to cause her to scream, and to dread urination. Accompanying this pain there is a sensation of chilliness that starts at urethra and spreads upward all over the body. There is present an obstinate constipation which is accompanied with violent urging to urinate.

The patient is thin, dark complexion, with wrinkled face, and appears much older than she really is. Sarsaparilla 6x was given, the attacks became less frequent, the gravel less, the bowels more regular. She gained in flesh, and in three months was perfectly well. I saw this patient four months after her last visit, and there had been no return.

### *Chelidonium Majus.*

In the Am. Med. Monthly Douglas of Baltimore gives his experience with this drug as follows:

Called to see Mr. Y., age thirty-four, early one morning.

Complained of severe pain in right chest, with aggravation when taking a deep breath; must breathe short; short dry cough. Pulse 98,

temp. 102.3. Considerable thirst. Skin yellow all over; conjunctivæ yellow. Last night had quite a severe chill. Feeling as if the back was broken, in the lumbar region. Running noises in both ears. Pain under right shoulder-blade. Bowels constipated, stools whitish.

℞ Chelidonium 12x, a dose every two hours. Mr. Y. was kept on this remedy during his entire illness, and made a very satisfactory recovery.

I rely with confidence upon chelidonium in jaundice complicated with pneumonia. I have used it for this condition a number of times in potencies ranging from the 1x to the 200th, and always with success. My experience has been the most satisfactory with the 30th, 100th, and 200th potencies.

### *Lycopus.*

Halbert<sup>3</sup> says lycopus has a decided influence upon the heart, particularly when there is any involvement of the sympathetic system. Its greatest benefit is observed in Basedow's disease. It is indicated particularly in conditions of tachycardia; rarely is it indicated in organic lesions. It is also useful in cardiac irritations in neurasthenic states. Associated with these direct symptoms we find marked gastro-intestinal disturbance, diarrhea, polyuria, copious perspiration, and a general emaciation. I generally prefer five-drop doses of the tincture four times daily administered for a long time.



### *SOME HOMEOPATHIC A'S.*

By E. FORNIAS, M. D., Philadelphia.

Give the dropsy of apocynum can.

Ascitis, anasarca, and hydrothorax, especially non-organic in origin. Excretions diminished, especially urine. Scanty stools. Gone, sinking sensation in epigastrium in pit of stomach. Abdomen distended and painful. Oppression in epigastrium and chest. Great thirst (apis has no thirst), but water causes pain or is vomited. Low-spirited and nervous. Cardiac dropsies from fatty heart in old persons. After abuse of quinine.

Give heart symptoms of aurum met.

Hypertrophy of heart. The heart-beat is

accelerated, seems as if it would stop and then goes on again with a tremendous thrust. Every exertion causes a great distress across the chest. Strong palpitations, with anxiety and congestion to the head. Weak pulse, tremulous fearfulness, mental depression, great debility.

Give uterine symptoms of aurum.

Uterus chronically congested, enlarged, and prolapsed by its own weight. Bruised pain, with shooting and drawing. Induration of uterus. Menses too late or scanty. Amenorrhœa, with prolapsus and melancholy. Apprehensiveness and suicidal mood.

Give the smallpox of antimonium tart.

First stages, when the eruption is tardy, with cough and oppression under the sternum. Nausea, vomiting, diarrhea, sleepiness, and backache. The eruption feels like shot under the skin. There is fever, profuse sweat, clogging of the air-passages with viscid mucus, prostration, and failure of the pulse, when eruption fails to appear and convulsions set in (varicella). If a child, will not allow itself to be touched without crying.

Give chest symptoms of antimonium tart.

Bronchial catarrh, crepitant râles, wheezing, rattling breathing. Chest full of phlegm, with inability to expectorate it (ipec.). Cough provoked by getting angry. Infantile pneumonia. A nursing infant suddenly lets go the nipple and cries and gasps for air, and it is better when held upright and moved about. Child coughs and gapes, then cries and becomes drowsy. Head hot and sweaty. As cough grows rare, body and extremities become cold and blue from carbonized blood.

Give indications for acetic acid in phthisis.

Hectic with hoarseness; cough; dyspnoea; night-sweats; hemorrhages; liquid or undigested diarrhea; vomiting after each meal; great thirst; swelling of the legs and feet and general emaciation. Laryngeal irritation. Great debility.

Give syphilitic symptoms of aurum met.

Iritis; bones around the eye feel bruised, worse from touch. Caries, with boring

pains; fetid discharges. Ozena, with severe frontal headache. Cases broken down by the combined effects of syphilis and mercury, with suicidal mood and great debility. Bone affections after the abuse of mercury.

When is *æthusa* indicated in cholera infantum?

When there is intolerance to milk, which is forcibly ejected immediately after nursing. Vomiting of curdled milk is followed by weakness and deep sleep; but child nurses again as soon as it wakes up. Abdominal pains before stool; exhaustion and dozing after stool. Stool bright-yellow, greenish liquid, bilious or bloody. Cold sweat; sunken face; and spasmodic hiccough.

Compare *æsculus* with sulphur in portal congestion.

Both produce intense congestion of the hemorrhoidal vessels, giving rise to piles of immense size, with much burning, itching, fullness, knife-like pain in anus, and backache. The piles of sulphur are principally moist or flowing dark blood, with violent bearing down and pulsating pain. The piles of *æsculus* are usually protruding and blue, but seldom bleed and are attended with great dryness and heat and constriction, and the rectum feels as if full of small sticks. The former points more to constipation. The latter to prolapsus and the pains more violent.

Give the indications for lactic acid in lactation.

If the milk is poor, bluish, transparent, of strong, sour taste and odor; deficient in casein and fat, and, in consequence, sucklings droop, lose flesh, and atrophy.

What is the indication for *abrotanum* in gastralgia?

Great anxiety and depression, slimy taste, loss of appetite; constipation; pains cutting, gnawing, burning, sometimes contracting and stinging, worse at night. Never entirely free from pain. Sensation as if stomach were hanging or swimming in water, with a peculiar feeling of coldness and dullness to all irritants. After suppressed gout.

*SIMILIA CORRECTED.*

THE American Institute, at the Atlantic City meeting, unanimously decided to change the famous formula *similia similibus curantur* to *similia similibus curentur*. It also adopted the following definition of a homeopathic physician: "One who adds to his knowledge of medicine a special knowledge of homeopathic therapeutics; all that pertains to the great field of medical learning is his by tradition, by inheritance, and by right."

By this it seems that our Latin identity has suffered somewhat from wear; but we are now authoritatively advised to go on with our "*curentur*" but by all means to avoid any association with the "*curantur*" which has created so much disturbance to the medical history of the past. This innovation we can accept with obedience though with regret, for there are so many tender memories clustered around the "*curantur*," of pioneer days. By the translation of our earlier formula, we supposed our motto represented a determination that we *would* cure, but now we are told, with Latin deference, that the epitome of our professional endeavor represents a desire that we *may* cure. With pride for the past and patience for the future, we swallow this classic obligation and hope for the scientific perfection which may follow from this submission. At the same time we doff our hat to those earlier representatives of homeopathy who little knew how they transgressed the true law of Latin translation and made a proper prescription notwithstanding. Again, to the modern students, who have burned the midnight oil to put us into such a state of perfect declaration, we make our obeisance with proper deference. Now that we are put to rights in our motto representation, it is hoped that in the future we may cultivate the habit of being more accurate. Certainly the shades of Hahnemann must now accept a more lasting reverence and the *statu quo* of our professional identity will suffer no future perversity.

The last of the resolution truly gives us a liberty which some would deny us. It emphatically states that we may be physicians in the broadest sense of the word. It even admits that we may "add to our knowledge" and that the adjuvants of science are to be tolerated for

the salvation of the sick. In other words, we are permitted to save life first and consider our code of requirements later. At the same time we are not obliged to suffer the degradation of being called "renegades" and "backsliders" by those who claim a monopoly in the interpretation of Hahnemann's teachings. Fortunate therefore are those who, believing thoroughly in the law of similars, desire their own conscientious interpretation of that principle, while they accept and apply much else which pertains to the practice of medicine.

Furthermore, this resolution will permit many of us to employ the scientific principles which relate to experience and practice without any real sanction of law or theory. It will permit us to feel the dignity of membership and existence in any homeopathic association without consulting the self-constituted oracles of our profession, and, above all, we shall be tolerated in using the great law of similars in conjunction with the advanced education of the medical fraternity.

The resolution has a still further meaning. It permits us to hold claim to all "medical learning," and we shall not be obliged to divide our privilege with any school or class. The teachings of therapeutics certainly belong to us by "tradition and by right" and we have just as much title to the name of "regular" as any other sect. The science of medicine is meant for all who seek to cure the sick. We should apply that understanding with thought and decision; we should accept knowledge and learn from all sources, and some day we shall be recognized for what we may do, and generations to come will reward our endeavors.—H. V. H., *Editorial in "The Clinique."*



## Correspondence.

Editor AMERICAN HOMEOPATHIST:

I read with interest your comment on the insolence of life-insurance companies. I think the blank to which you referred extremely insolent. The attending physician should not fill out a paper of this sort, unless the applicant waived all provisions of law forbidding physicians or others from disclosing knowledge or



information acquired in a professional capacity. All applicants for insurance in a certain old-line company must subscribe to the following, which is embodied in the contract :

"I expressly waive, on behalf of myself and of any person who shall have or claim any interest in any policy issued hereunder, all provisions of law forbidding any physician or other person who has attended or examined me, or who may hereafter attend or examine me, from disclosing any knowledge or information which he thereby acquired."

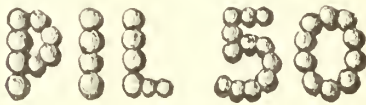
Unless the applicant subscribe to the above, I think it rather risky for a physician to disclose information which he has gained while acting in a professional capacity, unless in a court of law in furtherance of the cause of justice.

The attending physician should not act as a detective for the insurance company.

Very truly yours,

W. H. RUSSELL, M. D.

IPSWICH, MA-S., Jan. 15, 1900.



### *The Proposed Ohio Medical Examination.*

"Unless the State of Ohio is to be used for a dumping ground of incompetents, the proposed law, requiring graduates from medical colleges to undergo an examination by a State board before being allowed to practice, ought to be enacted." Thus Dr. Hamilton F. Biggar, Jr. "All the schools of medicine are a unit in asking for this law," he said. "It will work no injury to the competent student and will protect the public which at present is helpless and defenseless against quacks. I know very well that the proposed law looks like an imputation upon either the efficiency or the honesty of the faculties now conferring degrees upon the student body, but at the risk of that imputation I am free to say that the rivalry among colleges to turn out large classes of graduates is responsible for much evil. Perhaps it is but a shifting of responsibility, but it is bound to work out well. I know of a man who was graduated from a medical college within the past two years after a course of three months. Yet this man is free to practice on anybody that employs him, prac-

tically immune from responsibility. It is this sort of thing the medical profession desires to stamp out—this and the dumping into the State of Ohio of the medical refuse of other States." —*Plaindealer*.

[Viewed simply from a local and self-protective ground the argument of "young" Dr. Biggar is correct. There is no doubt that Ohio has been made the dumping-ground of other and more strict examining States—such for instance as New York and Pennsylvania. The other point, that men have been graduated, even in Ohio, who ought not to have darkened the doors of a reputable medical college is, unfortunately, also true. So that, repeating our initial statement, Dr. Biggar is correct.

But there is a larger question behind all this. The question of the right of any one of our forty-five States to enact legislation which is inimical to all the other States. This is a reversion to that doctrine of State's-rights for which so much blood was shed a half-century ago. There is no good and practical reason why a man who is accredited in any one State with being an honest man and a skilled laborer should be restricted to that State, because every other of the remaining forty-four States forbids his coming within its boundaries unless he submits to a school examination—and of a lot of things which he has forgotten a half-hundred times over. As Dr. Arndt puts it, in a recent editorial in the *Pacific Coast Journal of Homeopathy*, a student of fairly good memory could apply for and take the most rigid State examination and pass; while his teacher, a man of national reputation, would fail to pass.

"Old" Dr. Biggar believes in making the preliminary requirements so stiff that no uneducated man or woman could pass *into* the college. He favors a State supervision of the entrance examinations. He believes in regulating the teaching-corps in the college. In short, he strikes at the root of the present-day evil—indifferent selection of matriculants, the shabby pretense of a preliminary examination, the lax discipline, and the more than lax teaching in the average medical school of the day.

See, for instance, what a stuffing there is of the first two years of the modern medical school with things having no intimate connec-

tion with that for which the man is sent to school, and of which he hopes to make use in his practical work. For two years he is loaded down with theories and speculations, which like as not will change their front completely before he leaves the senior class. If not, he is, at any rate, permitted to lay them all aside when he passes into the junior class, and does not touch them again when he enters the senior class. The "stuff" that is taught him, in the main, in the first two years, is, well, "stuff," "filling" to make the study of medicine seem the harder. It is evident from the age and experience of the average professor in charge of the first two years that the studies taught are not to be taken seriously. If the student, under Dr. Biggar's idea, came to the school with an education in general science, he would not need to give two of the best years of his life to their alleged acquisition, when he might and ought to give those two years to studying medicine and surgery. Take the vote of any faculty on the value of the instruction given in the first two years, and how many of that faculty will take any stock in it as a prerequisite; and how few of them make use of it in their practical work! The only practical study in those years is anatomy, and even that is not taught, in many of the schools, with any thoroughness. Yet that, too, is laid off at the end of the second year with the other "ornamental" branches. What business has a medical college to teach chemistry or microscopy or bacteriology—assuming that they are of practical value to the medical doctor? They are aids, say the professors and sticklers for higher standards. So, too, are botany and geology, paleontology and a dozen more that might be named. These are science studies which ought to be taught before the student comes to the medical school. Every professor of these branches knows that the two short terms given to these topics in the medical school cannot make a man a chemist, or a bacteriologist, or a microscopist. Necessarily, then, they are "slopped" over. And because of the slopping-over practiced in these two years, that valuable time is taken from the practical branches; and in many of these latter, for lack of time, the same slopping-over process is necessarily invoked. Instead of the seven-men med-

ical schools of a generation ago, we now have the fifty-men school. The time has been increased 100 per cent., but the number of studies several hundred per cent. That is one of the reasons why many of the colleges turn out such poor graduates. The other one mentioned by "young" Dr. Biggar—the desire to turn out large classes—is another.

To return to the State supervision; we believe the idea presented by Dr. Price of Buffalo, and now revamped in Massachusetts, that the United States Government should create a Board of Medical Examiners, with stated times for such examination, and that the certificate of that National Board should be recognized in every one of the United States, is the proper one. But in default of that, in self-protection, the profession and people of Ohio, as of every other State, are compelled to resort to unjust legislation in order to keep out the refuse of the other States.]

#### *Mr. Moody and the Higher Criticism.*

"Mr. Moody was a religious preacher, not a theological teacher; and the character of his work is to be measured, not by its theological structure, but by its religious power. The difference ought to be as self-evident as it is simple. The theological questions are such as these: What was the nature of the influence exerted by the Spirit of God on the minds of the writers of the Bible? What is the relation of Jesus Christ to the Infinite and Eternal Ruler of the universe? How do the life, passion, and death of Jesus Christ effect a saving influence on the character and destiny of mankind? The religious questions are: How can I best use the Bible to make better men and women? What is Jesus Christ to me, and what can He be to my fellow-men? What can I do to make available to myself the influence of His life and character in securing a purer character and a diviner life for myself and for those about me?"

[A reading of this paragraph and a comparison of its higher-criticism questions causes some of our closer readers of the modern homeopathy to wonder in what essential the higher criticism of the two contrasted professions differs. We have latterly seen a number of papers contributed by higher-criticism homeopaths on the one hand belonging to the advanced Rule-worshipping homeopaths, and the other to the extreme high-potency and Law-worshipping homeopaths, that

would make the ordinary layman marvel that there is aught at all in homeopathy to attract a practical disease-curing man or woman. These medical theologians who have so much time to elaborate systems of treatment and applications of Truths and Philosophies are usually not over-busy in their medical practice. We believe it to be a crass mistake for men in a practical profession to go too deeply into the theories upon which that profession may be based. The principle of the Christian religion is to save souls—as Moody attempted to make it appear. The principle of all medical teaching is to cure the sin-cursed body, and make it a little better than when it issued from the matrix of nature. Hahnemann, himself given to much argument and philosophy, distinctly discouraged the process. These wise doctors of philosophy usually spend their time in philosophizing. It is not the intention of this lower criticism to discourage the study of any profession from its rock-bottom on up in order to understand it for practical utility. We do discourage this dividing of the hair into a dozen different directions. No good can come of it. It can cause much skepticism and consequent unhappiness. Homeopathy is a practical thing. It can be and must be handled practically in order to make it prevail. The best argument for homeopathy is its success at the bedside; not its brilliant philosophy in the rostrum. Show the multitude how it can save its soul from eternal perdition; how it can live a better and nobler life. Show the medical man how he can cure his patients quickest and easiest and most permanently. And let the philosophizing book-writers and editors who never had and never will have any practice delight themselves with proving that the sun do move and that the moon is made of green cheese.]

### *Early Diagnostic Sign of Pregnancy.*

We cannot have too many signs to be guided by in the early diagnosis of pregnancy. One additional to those already in use seems to have been discovered by Dr. R. von Braun-Fernwald (*Wiener klinische Wochenschrift*, 1899, No. 10; *Fortschritte der Medicin*, October 11). On palpation, the two horns of the uterus are found altered in size and consistence. One of them appears thicker and softer than the other.

The softer portion extends beyond the median line, and at its border there is to be felt a longitudinal furrow dividing the body of the organ into two unequal portions. The thick and soft parts mark the site of implantation of the ovum.—*New York Medical Journal*.

[This is another of those very fine theories which look well in print and sound well when delivered from the rostrum. But how many men and women in practice to-day could make application of it? Indeed, we know of some very successful practitioners who never knew, or, if they did, have long since forgotten, that the uterus had any horns. This teaching is on a par with some others that are heard from the desk, one of which was for detecting the position of the child from a digital examination of the presenting part. Our journals are full of merriment because of the absurd mistakes made by these over-wise obstetricians in their diagnosis. We were present when one of these professors diagnosed a face presentation and gave us a learned lecture upon the "feel" of the mouth and the adjacent parts. But it proved to be a breech presentation. The diagnosing of absolute pregnancy is an exceedingly difficult matter, as difficult as diagnosing the presentation. The wisest part is to make a careful examination and say nothing. "When you make your first digital examination of a woman in labor," said an old-style practitioner to his student, "you will know about as much of the positions and the fontanelles and all that as if you had put your finger in a pot of hot mush."]



## Book Reviews.

THE LOGIC OF FIGURES, OR COMPARATIVE RESULTS OF HOMEOPATHIC AND OTHER TREATMENTS. Edited by THOMAS LINDSEY BRADFORD, M. D., Philadelphia.

CHILDREN, ACID AND ALKALINE. The Law of Diet Selection, Contraria. The Therapeutic Law, Similia. By THOMAS C. DUNCAN, M. D., Ph. D., LL. D., Formerly Professor of Diseases of Children, Hahnemann Medical College, and Chicago Homeopathic Medical College. Professor of Medicine and Diseases of the Chest, Dunham Medical College, etc.



REPERTORY OF THE URINARY ORGANS AND PROSTATE GLAND, INCLUDING CONDYLOMATA. Compiled by A. R. MORGAN, M. D., Ex-Professor Institutes and Practice, Homeopathic Medical College of Pennsylvania. Ex-Professor Theory and Practice, New York Medical College and Hospital. Ex-Member of American Institute of Homeopathy. Member of I. H. A. Member of New York State Homeopathic Medical Society, etc.

KEYNOTES AND CHARACTERISTICS, WITH COMPARISONS OF SOME OF THE LEADING REMEDIES OF THE MATERIA MEDICA. By H. C. ALLEN, M. D., Professor of Materia Medica and the *Organon* in Hering Medical College and Hospital. Second Edition, Revised and Enlarged.

Here are four books from the press of Boericke & Tafel that are works to conjure with in pure homeopathy. The last of the four, Dr. Allen's, is a second edition, but which, because of its many additions and changes over the first edition, is practically a new book. Dr. Allen's skill in materia medica needs no recommendation at our hands. It is worldwide. His second edition is a clear statement of the materia-medica case.

It is seldom that there comes to our Review Table a quartette of homeopathic books of each of which we are able to say, "IT is good and worthy, and should have a place on the homeopath's table"—and by table we distinctly do not mean the top shelf of the library. They are books that ought to be at hand every hour of a busy practitioner's life.

Bradford has added a valuable little book to the argument-side of the homeopath. With this well conned, or close at hand for quick reference, he can confute the controversialist as well as strengthen the hands of his less well-informed homeopathic brother. Figures in the hands of a Bradford do not lie. He arranges them in such compact form and fashion that they are never-failing arguments and will refute the logic of the allopaths, though the latter will not admit the argument. What an indefatigable collator this Bradford is, to be sure. After all the other homeopathic text-books have ceased to be of immediate value,—for new books are crowding the old ones every day of the year,—Bradford's contributions will stand upon our shelves fresh and bright and firm as upon the days of their

issue. They are built for time and after. Notwithstanding the dry detail with which he is so often surrounded, and from which he must choose his text, he possesses that happy facility and felicity of touch which leaves him never a moment in doubt as to the proper fact to take up, or the exact expression to employ in making his argument the stronger. A rare tact and gift, indeed. This is a book which it would be well for every new student or recent graduate in homeopathy to purchase and have at hand. It will help him out of many a deep hole when he engages in practice in a new neighborhood, or in one in which homeopathy has either never been known, or known only as little pills or teaspoonfuls of water. To be able to cite authentic data for the success of his school of medicine is the one thing most needful for the homeopathic missionary. For success is of all things the most successful. We welcome this little book and give it the place of honor on our working shelf of celebrities.

Dr. Duncan's book, with its catchy title, needs but little in the way of commendation from our pen. Dr. Duncan is an old hand at the literary bellows. He never disappoints his readers. He puts his points in alphabetical order, and then elaborates them in a way to carry conviction. Dr. Duncan has been best known for his labors in this field of children, and his instruction imparted to many a class of students and to many hundred practitioners in his published books, has long since stamped him as a specialist in this line and made his statements reliable and to be sought after. He has been at work in this mine for many years, and each year has made better discoveries and brought forth larger and costlier nuggets. His diction is charming. His page reads like something distinctly new and good.

The Repertory of Dr. Morgan is a good dictionary of what it purports to be. The author, or compiler as he styles himself, has given evidence of great research and extensive study. The arrangement of the book is in the usual form of such books and lays no claim to originality of method. The subject alone being novel in this form. The book is bound in flexible cover with gilt-edge, and is handy to get at, when once the arrangement is understood. It

is marred, this excellent book, in our estimation, by one or two lines following the name of the compiler on the title-page. No good homeopath should be proud of an ex-membership in the American Institute of Homeopathy. This is a distinct catering to a class or segment of the profession who believe in being better than the homeopaths of the Institute. This we deprecate most sincerely. If Dr. Morgan found a period in the life of the Institute when it did not square with his ideas of homeopathy, he had the right to withdraw from its membership. There is no doubt of that. But the flaunting of his ex-membership upon the title-page of a book prepared ostensibly for the profession at large is a flagrant error and one he cannot too soon amend. If his book is made to sell, and we presume that is a chief desideratum of all books published, it doesn't pay to antagonize a considerable part of that profession. It further assumes that the members of the Institute do not use Repertories. Thus showing that his ex-membership must have been at a very early period and not of recent date, for there are as good homeopaths to-day in the American Institute of Homeopathy as there are in the I. H. A. or any other society. The American Institute is the representative homeopathic organization of the world, and it is a distinct honor to be recognized as in a membership therewith. All this is sermonizing and has nothing to do with the merits of the book, which, as we have already said, is as good as any of this class of books. We haven't a word to say against it.

This "Big Four" of homeopathic books makes us feel more keenly than ever before that unless we hurry up with our own book—which, thus far, we haven't had time to write—we will be an ex-number. We will have to hurry up and get into the book-writing harness soon or else be forever barred. One concluding reflection. What other school of medicine is as prolific in the writing and publication of books based on so permanent a footing as our homeopathic text-books? Of the many books which come to a medical editor in the line of his general medical-editorial duties, from the old school for instance, what do they present that will promise to keep them alive even a twelve-month? Based, as so many of them are, upon the

shifting sands of a constantly changing chemical knowledge, how few of them are worth the paper upon which they are printed a very little time after they are issued. Not so with the homeopathic books. They are built upon a foundation of rock. They may be changed in appearance, added to, or taken from; but still the book is alive and of value to the last day that its pages will hold in the binding. And all this notwithstanding that we no longer have a law in Homeopathy, merely a Rule.



## Globules.

A very handsome picture of our very handsome President of the American Institute of Homeopathy, Dr. Charles E. Walton, appears in the current *Syracuse Clinic*. Says he was born in 1849, but he looks ever so many years younger than that.

Our excellent brother-editor Keeler of the *Syracuse Clinic* is getting his ads. and editorial matter pretty much mixed up. Better give each a distinct place in your newsy journal. And pray drop out those FREE ads.—those that promise to give certain things FREE. That is the condemnation of any journal, no matter how good it may otherwise be.

"**Angina pectoris**, commonly regarded as an affection of the heart, . . . is in reality a stomach cramp. The stomach is contracted into a solid ball, causing the most excruciating pain and agonizing torture, but often speedily relieved in one minute's time by means of the cold compress to the spine directly back of the stomach, relieving the congestion at the 'root' of the nerves whose branches extend to the stomach and unlocking, so to say, the grip upon this organ that is causing the abnormal muscular spasm or contraction."—*C. E. Page*.

Some writer of our school, in one of the Chicago homeopathic journals, makes a sarcastic fling at those editors and writers who have little or no use for the microbe as an instigator of disease. The same as to antitoxine. And asks that these disgruntled parties, who are, in the main, old-fogied and not up-to-date, point out some statistical paper giving instances where

antitoxine has been proven to be unreliable, and to stop throwing slurs at it in a general way. In answer to this, if this paragraph should meet the eye of this approver of antitoxine and bacteriology, we would like to refer him to the present issue of the *New York Medical Times*. The authorities there quoted would seem to be sufficient.

The grip in Cleveland seems to make its initial bow with an intense sore throat, which thus far is quickly amenable to belladonna. Fatalities so far have been very few.

"The modern homeopathic physician is a regular graduate of a legally incorporated college. He believes that the law expressed by *similia similibus curantur*," etc. Did you say *curantur*, Brer President Walton? However could you do it?—since the Monument Committee have now caused the Homeopathic profession the world over to adopt the word "*curentur*"?

The American Institute's Foreign Transportation Committee having now reached and passed the time-limit for the procuring of tickets with them,—namely, December 15, or, at farthest, January 1,—we would like to re-enter our original field and say that we are still able to give first-cabin accommodations to whomsoever will apply for membership in our European party. The price continues \$300 for the tour.

Hello, President Walton! That was a fine speech you made to the (Chicago) Hahnemann Medical College and true to the core. And did you know that your definition of a homeopathic physician sounds a good deal more like than some others? Here's what you said: "A homeopathic physician is a composite of all that is good in homeopathy, and all that is good in any practice of medicine!" That's putting the aphorism in its proper relation. Seek ye first the Lord, then all these other things will be added unto you, or words to that effect. First, a homeopathic physician, then any and every thing else that may help to fill out any incomplete picture of disease which Homeopathy may not be able as yet to complete. But never vice-versa!

Reminds us to say, having read two of the

Hahnemann College Presidential-papers, and also knowing that a third was given, in advance, we believe, of the two which have now seen the light of day—it reminds us to ask what has become of ex-President Fisher's paper before this same body-homeopathic? Possibly, however, he is himself to blame. Perhaps he merely talked it off, so that no manuscript was ready for the printers. Anyway, we would like to have seen the paper in print.

We do not subscribe for, nor do we very often see, the *Ladies' Home Journal*, but we feel like saying a good word for a journal which gives its readers a clean bill of health in the matter of advertisements. It is a pleasure to feel when you hand this journal to your wife or daughter that their cheeks will not need to mantle with shame because of some nasty or otherwise suggestive advertisement disfiguring its pages. This journal travels solely on its merits as a provider of valuable information. Besides, Editor Bok has had a number of good things to say about the medical profession, and we are not above being tickled by a truthful compliment.

The "new" *Lippincott* has reached us for January, and, notwithstanding the disastrous fire, presents no change over its precedent numbers with all their good and valuable contents. The fire, which must have made great havoc in the firm's business, is treated as an incident not to be especially mourned over, but as a starting point for newer and stronger endeavor for the future. We congratulate this firm on its courage and enterprise, and wish it every possible success. Its output, for years so many that we do not remember the beginning, has been uniformly good, and welcome to the library-table, whether in special professional lines or in the mere literary.

It is proposed to convert the magnificent grounds about the new Homeopathic Hospital at Ann Arbor into an extensive botanical garden. The board of regents have decided to establish such a garden, and members of the biological section of the literary department have communicated with the homeopathic faculty respecting the hospital grounds, which



are now practically annexed to the campus, for this purpose. Not only will this proposition be welcomed as a means of beautifying the said grounds, but a special feature will be the growing of plants peculiar to the homeopathic materia medica. Students will have the additional opportunity of having their botanical outfit close at hand to familiarize themselves with this important branch of their curriculum.

While one of our contemporaries has reduced his rate per year because the cheapness of paper and the greater subscription list now warrant this reduction by one-half, the *Alkaloidal Clinic* of Chicago, one of the brightest and newsiest journals of the day, has advanced its rates one hundred per cent., and tells its readers that it is entitled to the newer and higher rate because of the good work it is doing and of the better class of work it is thereby enabled to do. Whither of these twain gives evidence of success?

Dr. Arndt, in his journal for January, 1900, says (in relation to State medical examinations): "The present laws, however, demanding an examination of all applicants for license, take no cognizance of the fact [that an old practitioner has years of experience back of him] nor do they consider the very important item that each year of actual practice—and what is a better and more exacting school than bedside practice?—lessens a man's familiarity with the technical branches and the technical aspect of the profession. Thus the young fellow whose diploma was issued in 1898, if a good student, is likely to pass an examination before the Examining Board of, say, the State of New York, while his teacher, possibly a man possessing a national reputation, would be almost sure to fail. The position is both silly and tragic."

A doctor by the name of Remondino, and a fluent writer, who appears frequently in the *Pacific Medical Journal*, seems to have made a specialty of the most dainty and delicate of sexual matters. At times his papers are such as could well be suppressed; certainly they should not appear in a journal that might be placed

upon a doctor's reception-room table. We, again, second a great editorial of the *Hahnemannian Monthly*, in which it pleads for greater cleanliness in published matters. There is a place, of course, for the exploiting of one's specialty knowledge upon these delicate topics, and perhaps the medical society is that proper place. But we question whether such papers should be published in a journal that may fall into the hands of the lay public. We are the more sensitive on this point because in the recent past we, ourself, fell into this hole by publishing a pretended discovery of a new medicine acting directly upon the sexual center, and with the avowed power of arousing either a dormant or creating anew the sexual instinct. In a report of the cases appended we took the liberty of changing many of the expressions used; but even so, reading the cases at this later day, we blush for the thing, and wish that we had not given them utterance. No good can come from the publication of cases having palpable reference only to one-sided treatment of the sexual sphere, and that, in the main, an improper one.

The Forty-eighth Annual Meeting of the Homeopathic Medical Society of New York will be held in Albany Tuesday and Wednesday, February 13 and 14. Being the Jubilee year an extra effort is making to have an old-fashioned "experience" meeting.

Dr. Allison Clokey of Louisville, Ky., died on the morning of November 26, of gastritis, after an illness of but two days. On the 24th he was making his preparations to go away on a hunting trip the following Monday, which was the day upon which he died. He was a very young man with a bright future in the profession. He will be sadly missed, and his place will not soon be filled. He was a prominent worker in the American Institute, but not in the last two years. He seems to have dropped out of the public eye mainly by reason of his many little illnesses.

The Cleveland Homeopathic Medical Society held its regular monthly meeting in the Chamber of Commerce on the 17th of Janu-

ary. Dr. C. J. Jones discussed the prevalent grippe, and had, as always, an attentive audience.

**Dr. H. A. Mumaw** of the *Medical Advance* calls our attention to the fact that the name of the presiding officer of the N. I. and S. M. Society was duly given in his report. We find this to be true, and hence our regret and this line.

On last Friday evening, January 12, the Hahnemann Society of the Cleveland Homeopathic Medical College had a lecture by the Hon. H. C. White on "Arctic Exploration," with stereopticon views. A pleasant time was had.

The Rhode Island Homeopathic Society held its Fiftieth Anniversary Meeting at the Eloise, Providence, on January 12. There was a reception and a banquet. Among the distinguished guests were His Excellency the Governor of the State, the Mayor of the City, The Rt. Rev. Bishop MacVickar, and others, besides the eminent medical men. During the evening an address was given by Dr. John L. Coffin, the distinguished editor of the *N. E. Med. Gazette*.

The *Pacific Coast Journal of Homeopathy* with its January number changed its publisher and the form of its publication. Dr. Charles Lewis Tisdale is now the business manager, but our good friend Dr. H. R. Arndt continues the editor. The new *Pacific* presents a far better appearance than formerly and indeed looks quite metropolitan. It has taken the *Medical Century* and *New York Medical Times* size and form, without separate cover.

A reception was given on New Year's night in the recently completed Constantin Hering building, No. 112 North Twelfth Street, Philadelphia, to commemorate the one hundredth birthday anniversary of Dr. Constantin Hering, known as the Father of Homeopathy and the founder of the first medical college of that school in America, as well as to dedicate the structure which bears his name. A large room on the second floor was most profusely decorated in

white with green foliage plants, and under a tastefully constructed canopy the doctor's widow, Mrs. Therese Hering, and Mr. and Mrs. Walter E. Hering received their guests, who numbered more than 500.

The supper room on the first floor was a veritable bower of evergreens and pine trees, festooned with laurels. Individual tables stood in pretty alcoves, and from them gleamed in clusters hundreds of small incandescent electric lights of varied colors. The supper room was divided into two parts, one representing the year 1900 and the other 1800. In the former stood a table upon which were spread such modern delicacies as oysters, chicken and lobster salads, croquettes, pâtés, and ice cream, while the latter compartment contained a table laden with a typical old-fashioned German lunch, consisting of sauerkraut, frankfurter sausage, herring, potato salad, cheese, etc. The waiters in the 1900 room were colored men, clad in up-to-date garb, and in the other room they were white men in old-style German costumes. A sign, "Dew Drop In," indicated the way to the land of the ancients.

During the evening vocal and instrument music was rendered, and Dr. Charles Mohr of Philadelphia and Rev. S. S. Seward of New York delivered appropriate addresses. In addition to many members of Dr. Hering's family, the following were among those present: Mayor Ashbridge, ex-Mayor Stuart, Justice James T. Mitchell, Judge William B. Hanna, Charles C. Harrison, and Dr. William P. Wesselhoeft of Boston.

The California State Homeopathic Medical Society has issued a souvenir programme in red which is very pretty. It gives the Constitution and By-Laws and the history of the organization, with its officers, from the beginning. And also contains the present bureau and work. The souvenir comes to us with the compliments of the President, Dr. James F. Ward, and the Secretary, Dr. Eleanor F. Martin.

The *Chicago Record* is publishing Dr. C. E. Fisher's letters from Cuba. One of these has just come to our hand, and was much appreciated. Others, we believe, will appear in the

same journal, and also later in the *Medical Century*. Dr. Fisher and his daughter had a rather tempestuous voyage getting to Havana, but when arrived there were as much charmed with the climate and surroundings as formerly. The address is No. 69 Prado, Havana.

The suggestion is offered, in a Paris exchange, that physicians in cities and small towns might obtain change of air and scene with the minimum of loss and expense, by merely exchanging their practices, offices, etc., for a short while.

The widow of a respected citizen of Riga, who died recently, has applied to the court for permission to resume her maiden name, on the ground that the husband with whom she had lived for twenty years was a woman.

Hoveloch, a celebrated French author, in his "Science of Language," gives us the origin of the word "cadaver," so common to all medical students, in the following manner: It is derived from three words, *ca-io, da-ta, ver-mibus*, meaning "a body given to worms."

The opium habit prevails among Europeans in the East to an extent which is appreciated only by those who are brought into contact with its victims. In view of this fact the announcement by McLeod of Shanghai that it is possible to cure the habit by the administration of sodium bromide, is indeed welcome news. He gives the drug in two doses of two drams, in solution, every two hours for the first two days, and one dram on the third day. Two ounces in all will probably suffice in most cases.—*Med. Times*.

More than two hundred friends of the Grace Hospital Training School for Nurses gathered in the beautiful nurses' home of the institution at the corner of East Willis Avenue and John R. Street at the graduation exercises of the class, seven in number, of January, 1900. Rev. S. S. Marquis, pastor of St. Joseph's Memorial Church, opened the exercises, and Miss Florence Taylor rendered a beautiful piano solo. Dr. Arthur E. Gue rendered several fine vocal selections.

Rev. Dr. Nehemiah Boynton's address to the

graduates was very eloquent and impressive. Cleaveland Hunt presented the diplomas to the graduates with a short speech. Dr. LeSeure presented the nurses' badges. Refreshments were served and the spacious corridors were then given over for dancing.

Charles J. Carruthers, of the class, was not present, being in Honolulu at the present time. The other members of the class were Mrs. Mattie Denise, Miss Eugene Langlois, Miss Evelyn M. Quinn, Miss Cora N. Stark, Guy F. Cole, and Henry Spicer.

The report of the Superintendent of Grace Hospital, Detroit, for the year 1899, shows a gratifying condition. The expenditures of the hospital were \$46,052.32 and the earnings from board of patients \$26,365.38. The charity work amounted to over \$20,000, supplied by the endowment fund and donations. There were treated in the hospital 1227 patients, the largest number in the history of the hospital. Of these patients 400 were medical, 508 surgical, 262 gynecological, 53 obstetrical. The dispensary had 3500 patients. Death rate, deducting moribund cases, 3.09. The ambulance made 943 runs. Total number of meals furnished, 172,083. Cost of maintenance per person per day, \$7.91. During the year '99 a new nurses' home capable of housing 75 people has been completed and turned over to the training school. This home is one of the handsomest and most complete in the country. It is built of vitrified brick with stone trimmings, of old English architecture, and finished in dark oak. Plenty of bath rooms, disinfecting rooms for nurses coming from contagious cases, parlors, dining rooms, beside the sleeping rooms, gymnasium, bicycle room, kitchen, etc., furnish the nurses with every comfort. During the year the faculty of the Detroit Homeopathic College have used the hospital for their clinical work, and the plan has worked to the advantage of both the college and the hospital.

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# The American Homeopathist.

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FRANK KRAFT, M.D., CLEVELAND, OHIO, EDITOR.

## OUR PORTRAITS.



JOHN PRENTICE RAND, M. D.,  
Monson, Mass.

## NO HOMEOPATHS NEED APPLY.

DR. MOSES T. RUNNELS of Kansas City sends us an open letter directed to the Medical Director of the Hartford Life Insurance Co. of Hartford, Conn., in which he recites the fact of a special representative of that company appointing him examiner in place of those formerly employed by the company in Kansas City. On the strength of this presumed appointment Dr. Runnels paid for and received

a \$2000 policy, at the same time making the regular application for the examiner's place. To this letter no answer was received. Later, when the doctor examined an applicant for the Hartford the examination was rejected. Following this the "special representative" again called upon Dr. Runnels, apologized for the whole transaction, stating that the reason for the non-recognition of Dr. Runnels was because of his homeopathy and that the medical director of the Hartford does not recognize homeopaths. The policy of insurance was thereupon returned and the premium reimbursed.

Dr. Runnels, in his open letter, challenges the medical director of the Hartford to come out from behind his mask, pick up the glove, and show cause why his company should not be boycotted by the entire homeopathic profession. The weak spot in the doctor's case lies in this that he is holding the company responsible for the statement made by the "special representative." "Special representatives" sometimes tell things which are not true. If the company by any of its officers had put into writing this statement of hatred of homeopaths, then we would be glad to fight with the weapons of our correspondent.

One of the present-day largely advertising companies of the far East visited us by its "special representative," and appointed us its sole county examiner when we were yet in the country. We took a policy, of course—as all physicians do. When the said representative had disappeared, we found that the other three physicians of the town had also been appointed in the same way. An appeal to the Home Office resulted in the plea of the baby-act: that the company is not responsible for anything its agents say; that the printed policy and the

signatures of the accredited officers alone bound them. But the policy, for which we had paid the premium, came in due form, showing that the company was willing to profit by the misdeeds of its agents, but refused to be held in any other way. When, then, we threatened to write them up in our journal and show their peculiar mode of doing business, they went to law and had our publisher enjoined from publishing anything having any reference to their company.

That's an old hewgag—that one of falling back on the printed and signed statement of the home office. Beware of insurance representatives, special or unspecial, no matter how many letters he shows you, nor how many cigars he lays on your office-table. Trust him not; he's deceiving you! If the Hartford Company has been turning down homeopaths, then the profession had better be informed and take proper action. But we caution our brother against holding the company responsible for what its "special representative" said to him.



#### DR. HUGHES' PARTIAL RETIREMENT.

WE learn from the (London) *Homeopathic Monthly Review* for January, 1900, that Dr. Richard Hughes, the eminent homeopath, author, and teacher, will partially retire from practice, attending in Brighton, his former residence, on Tuesdays and Fridays only. Dr. Hughes' private address is Albury, near Guilford. If this notice means that Dr. Hughes is abundantly able to retire from the hard and rough parts of the profession, and spend his remaining days in comparative freedom from the hard work of the profession, we extend to him our heartiest congratulations. For we feel that in his semi-retirement he will not be idle, but devote the more of his time to the dissemination of the truths of Homeopathy. If, however, it means that Dr. Hughes has been obliged to retire because of physical infirmities, oncoming age, and the like, we shall feel very sorrowful indeed, and wish him well and a speedy return of health. Our concluding word, and one called out on a former occasion when discussing the retirement of Dr. Arthur Clifton, consists in a reflection on the possibility of

English physicians retiring. The thing is not known in our country. Men here are still in active traces—not always for the pure love of the work, but for the pot of gold at the other end of the service—who are abundantly able to retire and give the remainder of their years in the contemplation and enjoyment of the rest a long service has entitled them to. It is not especially uplifting or soul-vivifying to know that some man past the Scriptural age, with ample worldly means at command, not only continues in the active profession, but does so to the purposed detriment of younger men who have yet to make their métier. And by this we mean those who, on one pretense or another, deliberately take practice from younger men. We admire the English fashion of knowing how to rest from toil.



#### HOMEOPATHY AND SURGERY.

IT is not conducive to any betterment of the homeopathic profession, either with itself or at the hands of our traditional enemy, to read some of the criticism and complimentary notices which have latterly appeared regarding the proper definition of a homeopathic physician. We shall be judged in this relation as we were judged by the old school when Dudgeon apparently entered the camp of our enemies, and threw down the image of Hahnemann, his curantur, and his freedom from alternation. Some of these critics assert that a physician cannot be a consistent homeopath unless he abjure everything in the line of trusses, bandages, ligatures, splints, tampons, knives, washes, injections, enemas, salves, pain-deadeners, and the like. This is a willful blinding of the professional view by those who either know better or else are too willfully ignorant to continue in the fighting line.

The practice of surgery, and its many modern allies, is nowhere condemned by Hahnemann or by any of his rational followers. There may be a handful more or less of theorists and metaphysicians who have strayed away from the school and started a "little hell" of their own who thus hold forth; but they no more represent the true homeopath than the many infinitesimal sects of the first two centuries following

the martyrdom of our blessed Redeemer represented the true Christian. Hahnemann could not possibly foresee that in less than a half-century after his passing, surgery would be so dominant in the land, but so neither could the other school; for surgery is distinctly a new thing within the knowledge of men and women yet living with us; and if Hahnemann were alive and with us to-day he would no more condemn the humane and skillful use of the knife or of other of the many modern appliances of the mechanical department of Medicine, than does any other modern physician and surgeon. But when that has been said, we dare to add that neither would he, any more than any of his disciples who understood and practiced his discovery, throw down Homeopathy as antiquated. There was no need for that in 1800, and there is no need in 1900.

This make-believe plea that Homeopathy does not permit the freest use to a physician of all his powers as a surgeon is the plea of the lazy or ignorant wearer of the medical ermine. Homeopathy is a Law of Nature,—the present rendering of Hahnemann's dictum to the contrary notwithstanding,—and the discovery and application for a time of infinite numbers of additions to our Art Medical cannot disturb the validity of the Law of Similars. It will continue the basic factor of all therapeutics so long as the Universe is amenable to its own laws. Those in the profession who are students as well as breadwinners recognize day by day, in the light of the newer discoveries, that homeopathy is true in all that is essential; and that, ultimately, it will be acknowledged, not, perhaps, with bell and candle, but by its use in the practice of every school.

The Law of Cure is as immutable as the Law of Gravitation. Metaphysicians have striven to prove the latter not a universal law, but have always failed to establish their position. And so also with Homeopathy. The learned effort to prove its non-universality has invariably recoiled upon the disputant.

We note among many opinions spoken in private, and others published, a latent fear lest if the homeopath speak of Hahnemann as a little less than a god, he may be anathema. This is nonsense. Hahnemann has not been

dead so long, but that his life was known. He was a very practical old man, and well educated,—except in the matter of Latin (?),—and no one was further from hero-worship than he. His whole life was a protest against that sort of thing. He was a born iconoclast. He plead with intensity for his discovery, and with equal intensity he attacked and fought the shams and hypocrisies of his day. He was unmindful of himself. If he had not been he might have saved himself all those years of bitter sorrow and blackbread, and, later, exile and death in a foreign land. He did not expect then, and would not to-day tolerate, hero-worship. Those who go to that extreme are as wrong as those who decline to speak of him at all lest they be accused by the old school of narrowness and sectarianism.

Let us be reasonable. Homeopathy stands for something. It is a mild power. It is not a rabid-crucify-him doctrine! It is built upon the imperishable rock of truth. It does not interfere with surgery, or bacteriology, or ophthalmology, or any other of the yet-to-come-ologies and fads that may, from time to time meteor-like flash brilliantly across the sky, and then be extinguished forever down the black vault of the Mystery of Life. Let us study what homeopathy truly is before we begin to say what it is not. Let us avoid the extremes. Let us not permit the knife-loving artist, who willfully sees nothing but his knife, unless it be a \$200 fee beyond, to tell us about Homeopathy. He never knew it. Now he doesn't want to know it. Let us make him ashamed to publish such crude notions of Hahnemann and Homeopathy as have appeared of late in several of our journals with the apparent sanction of those who stand high in the homeopathic councils. Hahnemann was not arrayed against Surgery. Surgery is a component part of the Totality of Symptoms. But he would have mixed his Surgery with brains, sir!



In uterine disorders with hysterical symptoms and mental depression at the menstrual period, a small dose of *cimicifuga racemosa* every two hours, for a few days preceding the epoch, will produce admirable results.



## Materia Medica Miscellany.

Conducted by J. WILFORD ALLEN, M.D., 110 West 12th Street, New York.

### *Sabal Serrulata* for Enlarged Prostate.

Dr. Sandberg<sup>36</sup> mentioned a case which he had beneficially treated with this drug about three years ago. The patient was an old gentleman between seventy and eighty years of age, who had suffered for years from enlarged prostate and chronic cystitis. From one acute attack it resulted that he was unable to pass any water without a catheter being used. The patient had been under treatment by himself and other doctors for a long time without gaining any benefit whatever, and so bad did he become that he could not retain his water, and at last he was obliged to have the catheter passed almost every hour, both night and day. Reading a monograph on this remedy by the late Dr. Hale, it suggested itself to him to try *sabal serrulata*. He gave the patient 5-drop doses of the mother tincture about four times a day, and he was surprised at once to find a marked improvement. After giving the drug for a month the use of the catheter could be prolonged from three to four hours, and instead of having to get up five or six times during the night at least, the improvement was so marked that it was necessary to only do so once or twice. The improvement continued for the three years that he lived, and he could only put it down to the use of *sabal serrulata*. There was no doubt as to the case being one of enlarged prostate, as the patient was examined by a very celebrated specialist, who pronounced it such.

Dr. Dudley Wright<sup>36</sup> expected that a great many of those present when they next had a patient suffering from enlarged prostate, would begin by ordering *sabal serrulata*. Dr. Madden had just concluded the reading of a paper before the British Medical Society on the subject. He was afraid, however, that a good many would be disappointed in its use, not because he did not think the drug was a valuable one, for he did think so; but because there were only a certain number of cases of prostatic trouble that were at all suited to its use. He had taken an interest

in the drug for some time, and had used it very considerably, and he had endeavored, as far as possible, to make out its exact sphere of action, especially with regard to differentiating it from the other drug which was so extremely valuable in prostatic cases, viz., picric acid (which he now preferred even to picrate of iron). He went carefully into the symptoms of the two drugs some time ago, studying picric acid in Dr. Hughes' "Cyclopedia" and *sabal* in Dr. Hale's book, together with certain provings and reported cases of treatment mentioned in American journals.

He came to the following conclusions: There was no doubt whatever that *sabal* had an action upon the generative organs, the testicle, the prostate, the bladder, and the membrano-prostatic urethra. The ovaries he left out altogether, leaving them to the gynecologists. This action, he believed, was partly through the vascular system and partly through the nervous system. So far as its action on the bladder was concerned, he believed it was due to the excretion of the drug through the kidneys or by the mucous membrane of the bladder. Any amount of cystitis set up by the drug taken in poisonous doses, he believed, was solely due to its direct action upon the mucous membrane itself. But when they came to the prostate and the testicle, an entirely different state of affairs had to be considered. On them, he believed, it partly exerted a specific influence. The drug, however, did act upon the vascular system to some extent. That was the reason why in a certain number of cases of simple enlarged prostate the improvement occurred, because a great number of the symptoms were due to vascular engorgement, and it was that vascular engorgement which the *sabal* lessened.

*Sabal serrulata* undoubtedly acted upon the testicles, first causing increased sexual desire, but later a loss of sexual desire. He did not believe the drug had any action on the anterior part of the urethra, but it did act on the membrano-prostatic, and would cure a certain number of cases of gleet; but unless local treatment was also used, very few of these cases were cured. Contrasting that with picric acid, in choosing between the two drugs for any particular case, he looked first of all for the

sexual excitement. There was nothing to compare with picric acid for the enormous excitement which it created. In all the provings of this drug, violent erections were produced, especially at night. Sabal did not do that to nearly the same extent. The provings showed that picric acid was a drug which probably acted upon the generative organs through the lumbar centers of the spinal cord. The prostration of the patient, weakness and pain in the back, the pins and needles which occurred in the limbs, showed that the lumbar part of the cord was the part affected. Picric acid relieved those patients in whom there was extreme weakness—generally found in old men, pins and needles in the legs, and great erections which came on at night, with constant desire to pass water at night.

Sabal had the same symptom of passing water at night, but that was merely from the congestive condition which was present. Another important point was that patients who were extremely despondent seemed to be better after taking sabal, whereas the irritable patients were those who improved under the picric acid. Picric acid patients were generally men who had a very sallow complexion and dark hair. This was a hint which the speaker obtained from Dr. Cooper. A large number of patients who had benefited under picric acid had been of that nature, though not all. An important point was that many of the tinctures of sabal in use were entirely unreliable. Some pharmacists prepared the drug from the root, others from the dry berries, and the dry berries were as useless as the root in making the preparation. When it was necessary to use the drug, it should be prepared from the fresh berries. Parke, Davis & Co. made a good preparation from the fresh berries, but the majority of the tinctures were made from dry berries, which largely accounted for the fact of the non-success obtained from the use of the drug.

### *Mercurius Dulcis.*

Dr. Jousset<sup>31</sup> confirms, from the experience of the Hôpital St. Jacques, the testimony borne in the old school to calomel as remedial in cirrhosis of the liver, especially in the hypertrophic form or stage. He gives from 5 to 10 centigrammes of the 1x trit. daily.

### *Arsenicum lodatum* *in Bright's Disease.*

Yet another sphere of usefulness for this preparation appears. Dr. Lambrechts<sup>32</sup> relates an almost desperate case of Bright's disease, given up by old-school physicians, where—after failure with cantharis—iodide of arsenic was given, as low as the 1x trit., with speedy and progressive improvement. The patient became practically well, though some albuminuria persisted.

### *Cicuta in Epilepsy.*

Dr. Van Royen<sup>33</sup>: A young woman, aged twenty, had suffered much from menstrual colic, which was cured, but she has been subject to epilepsy for nine years. December 17, 1894.—The attacks come on every six, seven, or eight weeks. They begin with twitchings in the arms and legs. Sometimes the head is turned round, with stiffness of cervical muscles, occipital headache, stupidity. Feels as though she would faint; pain in back and loins. The fit terminates with yawning. *Cicuta* vir. 6, once a day. January 3, 1895.—Has had another fit. Continued *cicuta*. 24.—No attack. Continued *cicuta*. February 20.—Has had some drawing sensations, but no fit. From this time till June 5 no fit, but drawing occasionally. *Cicuta* once a week. July 11, 1896.—No fit since January 3, 1895; only some drawing in arms and legs, and occasional vertigo. September 26, 1899.—No fit since January, 1895. Only occasionally a feeling as though she should have a fit.



### THE DECADENCE OF THE MICROBE.\*

By GEORGE WILSON, M. A., M. D., LL.D., Medical Officer of Health, Mid Warwick District.

THERE are many signs about that the late almighty microbe has had its day. Lawson Tait, to the end of his life, protested against its high almightiness; and since his departure Granville Bantock has dealt the potentate a most damaging blow. And now a new St. George has appeared in the very heart of the microbe's own devotees—the British Medical Association in annual conclave assembled! After the address of Dr. George Wilson, the hierarchy of microbe-worshipers, from the medi-

\* An Address Delivered at the Annual Meeting of the British Medical Association.

cal peer down to the most recent medical C. B., and the noble army of professors, had better get themselves converted wholesale to some more rational medical faith.

Dr. Wilson's address is one of the most refreshing utterances we have encountered for a long time. A man who has so far emancipated himself from the trammels of his caste as to be able to refer to anti-vivisectionists and homeopaths as rational beings has done something to redeem his caste from utter contempt.—*Introductory Remarks by the Editor of the "Homeopathic World."*

There is no subject on which I desire to speak out with more direct frankness and sincerity than the relations of bacteriological research and methods of treatment to preventive medicine. And at the outset, I may be permitted to say that ever since the great Pasteur announced the results of his prophylactic inoculations with respect more especially to fowl cholera and anthrax, I have been a close, and I hope unbiased, student of bacteriological literature. I may say, too, that my attitude toward these newer methods of treatment was at first one of expectancy, though I could never see that there was any legitimate analogy between them and Jenner's great discovery, on which they are admittedly based, and the more I have studied them the more firmly I feel convinced that they are based on errors, and are the outcome of illogical inductions, every one of them. That, you will say, is a very strong statement to make, but after all these long years of flickering hope, I am prepared to contend that the indiscriminate maiming and slaughter of animal life with which these bacteriological methods of research and experimentation have been inseparably associated, cannot be proved to have saved one single human life, or lessened in any appreciable degree the load of human suffering. I have ventured to make that pronouncement before, but in halting, academic fashion; I reiterate it here and now with the strongest and fullest conviction. In order to make my contention as clear as possible, let me refer for a moment to the doctrine of immunity as illustrated by smallpox and vaccination.

We know there are certain infectious diseases one attack of which protects, as a rule, against any future attack, and that of all diseases this

can be more emphatically said of smallpox than of any other. That was why inoculation was practiced for a time and was successful so far as the individual was concerned. The person inoculated suffered from the disease because he was inoculated with the actual *materies morbi*, but he ran the risk of suffering from perhaps a very severe attack and became a center of infection unless he was isolated. Now Jenner's happy induction was this: he knew that it was common talk that milkers who suffered from sores on their hands which they contracted from the vesicles on the teats of cows infected with cowpox were protected against smallpox. He therefore concluded that if he inoculated with the matter contained in the vesicles of cowpox, instead of with smallpox matter, he might be able to confer immunity against smallpox. He tried the experiment and tested it over and over again, and not only so, but by using the matter from the vesicle produced by vaccination he made the further discovery that he could confer immunity from smallpox by vaccinating from person to person—that is, by arm-to-arm vaccination in continuous series with this matter which had been originally obtained from the vesicles of vaccinia or cowpox. He thus made it clear that cowpox or vaccinia was a modified form of smallpox, and as we all know, the experiment, though not an easy one, has been tried successfully and repeatedly to produce cowpox in the cow or calf by inoculating the animal with the virus of smallpox. Vaccination, therefore, induces vaccinia, and vaccinia protects against smallpox because it is a modified form of the disease. Unlike smallpox itself, it does not confer absolute immunity as Jenner imagined it would. It only confers a modified degree of protection against smallpox, because vaccinia is only a modified form of the disease itself by transmission of the virus through the cow or calf. And yet the protection afforded by successful primary vaccination is of such value that the successfully vaccinated in infancy are, as a rule, completely protected up to the age of ten or twelve, and are always made more or less immune through their whole lifetime, so that if they do become infected the disease manifests itself in a mild or modified form. But in order to confer complete protection



primary vaccination must be supplemented by revaccination.

Now, gentlemen, however much you may dissent from my first statement, I feel sure I can claim, I may almost say universal agreement, with this very rudimentary statement concerning smallpox and vaccination. But it has been admitted by Pasteur, Koch, and all of their followers, that their methods of prophylaxis and cure are based on Jenner's happy inductive inspiration. Let me now further clear the way by a few other comparisons. In the first place, bacteriologists have failed to discover any pathogenic microbe either of smallpox or vaccinia which they can isolate with certainty, and I venture to predict that they never will discover any which they can label and cultivate as the *causa causans* of either disease. The few pathogenic microbes which bacteriologists have discovered associated with human disease, and which they can isolate and cultivate, are those of tuberculosis, diphtheria, enteric fever, cholera, and plague; but all these are found associated with necrosed tissues, and it is open to argument whether, instead of being labeled the unconditioned *causæ* of these respective diseases, they may not be performing a benign function in changing the necrosed tissues into harmless products, just as various kinds of micro-organisms are necessary to change filth and all dead organic matter into harmless matter. No specific organism has been discovered in respect to scarlatina, whooping-cough, measles, or typhus fever; and, even granting the spirilla of continued fever, and the micro-organisms of influenza, they cannot be isolated and cultivated. Then again, vaccine lymph must be taken from the vesicle at a certain stage of development. It is cultivated, and can only be cultivated, in the living body. When successfully used, as in vaccination, it is followed by manifestations of a definite disease known as vaccinia, with a well-defined incubation period, and well-defined and characteristic symptoms—a varying amount of pyrexia, tumefaction at the point of vaccination—the vesicular stage, and the pustular stage.

Let me now go a step further, and institute comparisons with the so-called results of serum-therapeutics. We know that a successfully

vaccinated cow or calf is made immune. We can therefore use the serum of a perfectly immune animal, but on reading all the experiments in this direction, as summarized by Dr. Copeman in his admirable work on vaccination, the serum of an immunized animal confers at the utmost only a doubtful and shortlived immunity, so doubtful as to be discarded altogether, and as a cure for smallpox it is of still more questionable efficacy.

On all these grounds, gentlemen, I boldly reiterate my statement that there is no legitimate analogy between Jenner's great discovery and these newer methods of prophylaxis or cure which are based on that discovery. And in passing I wish to say that there has never been a more deplorable travesty of a great name than to designate the Institute of Preventive Medicine the Jenner Institute. Jenner's experimental altar was no sacrificial altar, but anyone who has studied the recent widespread antagonism against vaccination can see that one of the most potent of them has been the rush of the younger men in the profession to use these antitoxin serums. The medical profession—though I may say they believe to a man in vaccination and revaccination as a full and complete protection against smallpox—are largely to blame for this revolt; and I boldly say that there should be some pause in these ruthless lines of experimentation to take a calm and candid review of the whole position of bacteriological methods in the prevention or cure of human disease. I have not allied myself to the antivivisectionists, but I accuse my profession of misleading the public as to the cruelties and horrors which are perpetrated on animal life. When it is stated that the actual pain involved in these experiments is commonly of the most trifling description, there is a *suppressio veri* of the most palpable kind, which could only be accounted for at the time by ignorance of the actual facts. I admit that in the mere operation of injecting a virus, whether cultivated or not, there may be little or no pain, but the cruelty does not lie in the operation itself, which is permitted to be performed without anæsthetics, but in the after-effects. Whether so-called toxins are injected under the skin, into the peritoneum, into the cranium under the

dura mater, into the pleural cavity, into the veins, eyes, or other organs—and all these methods are ruthlessly practiced—there is the long-drawn-out agony. The animal so innocently operated on may have to live days, weeks, or months, with no anæsthetic to assuage its sufferings, and nothing but death to relieve.

And what triumphs has bacteriology achieved in stemming the tide of human disease on these empirical lines? Pasteur's antirabic vaccination is, I believe,—and others with me,—a delusion. Koch's tuberculin cure for phthisis has long since been labeled as worse than worthless. As a test even for bovine tuberculosis tuberculin possesses only a secondary and not a specific value. The much-vaunted antitoxin cure for diphtheria does not command the universal approval of even the physicians of the metropolitan fever hospitals. Just because tetanic antitoxin serum has failed when used subcutaneously, medical men have felt justified in deliberately trephining patients and injecting it into the brain substance, and one medical man has had the courage to confess, after making a post-mortem examination of his patient, that such treatment can no longer be justified. The serums used for the treatment of other diseases—such as the pneumococcic serum, the serum used for puerperal fever (the serum which was so much vaunted as another great discovery), Sanarelli's serum for the cure of yellow fever—are all of them allowed to slip into the lap of forgetfulness. I know these statements of mine will not command assent, but I have no ax of my own to grind except the clean-cut edge of truth, which I admit even bacteriologists are striving empirically to sharpen. I accuse none of want of good faith, but I think I can see—and will strive to make others see—that in the protection afforded by vaccination against smallpox, Nature gives no authority or warranty for these reckless experiments. The bacteriologists so dominate the public press that we almost seem to live in a bacillus-stricken world.

And, so far as preventive medicine is concerned, bacteriology has rather led us on false lines in assuming that the pathogenic microbe of any disease is the *causa causans* of that disease. I venture to say that the unconditioned

microbe need have no terrors for humanity. We know that there are certain diseases which are notoriously infectious: therefore we isolate. We know that there are others which breed on filth: therefore we say be clean, and insist on cleanliness of house and home, of the water we drink, the food we eat, of the air we breathe.

Bacteriology has assisted, and largely assisted, preventive efforts at disinfection, isolation, and so on; but it can never confer immunity against disease except by using minimal doses of the virus of that disease, and that virus, I say, to be effectual can only be cultivated and bred in the living body, not cultivated artificially in organic media. I do not hesitate to designate the whole list of therapeutic serums as the materia medica of septic therapeutics. We talk of aseptic surgery, and we begin to know something of its absurd ritual when it is gravely advanced that even masks are to be worn on the face because the beard of the surgeon may harbor pathogenic germs. Hahnemann was denounced for his absurd doctrine of *similia similibus curantur*. We are all accepting it now on these utterly empirical lines, and institute a crusade against tuberculosis as if the tuberculosis bacillus was the sole *causa causans* of the disease.

I say that we can only fight phthisis on the old lines, by improving heritage when that is possible, by improving the homes and conditions of life and labor, which are always possible, and always call loudly for interference. But this insane hunt after the tubercle bacillus, as if it could be bottled up in twopenny-halfpenny spittoons and got rid of, is the insanest crusade ever instituted on illogical lines. Bacteriologists are not sure of their tuberculosis bacillus, and it is a moot question whether the bacillus which is found in milk, and which is labeled as the tubercle bacillus, is not a cow-dung bacillus. A distinguished bacteriologist has admitted it; I venture to reiterate it.

Institute sanatoria all over the country by all means—people will flock to them who can pay, but so far as public bodies are concerned, the guardians of the insane and the poor—I say this, and deliberately—your asylums are full of these phthisical patients, your huge workhouses are full of them. Begin by experimenting on them,

and do not declaim all over the country that this crusade, because it has been patronized, and rightly patronized, by Royalty, is to seize hold of the national mind. It looks to me as if we were returning to the days when the king's touch was regarded as the cure for the king's evil, and when all sorts of decoctions were the prized cures for human infirmities.

The physician can never cure; he can only direct and assist Nature in eliminating the *materies morbi*, whatever it may be.

In my student days I was taught that there was such an influence, such a *vis* as the *vis medicatrix Nature*. That appears to be no longer recognized as of any efficacy, and now when a patient does not die or survives bacteriological treatment, he is claimed as an instance of cure. For years back the papers have been flooded with these isolated mythical cures, and I am told that the consensus of the medical profession is against me; but I console myself with the reflection that medical opinion in these days means only the opinion of bacteriologists, who are, I admit, our smartest men, win our research scholarships, and imbibe their creeds on the Continent; and so they return and become our teachers; but the whole of bacteriological theory and practice is steeped with commercial interests.

Behring has patented his diphtheria antitoxic serum on the Continent; Koch for years has made a princely royalty out of his tuberculin. Little Denmark has boomed her butter trade through tuberculin, and we in this country, it seems to me, cannot accept the gospel of prevention and cure except as it is preached in Paris, Berlin, Vienna, Lille, or other Continental schools. As President of this Section I regret to have to be so much out of harmony with so many of my fellow-workers; indeed, I feel almost apologetic, but I hope you will give me credit for honest convictions, which I myself will always strive to concede to those who cannot help teaching what they have taken so much pains to learn. In addition to the pathogenic microbe, there are always other conditions—conditions of soil and circumstances—without which the microbe is powerless. With these conditions we can always deal more or less effectually, and our most successful efforts must always remain based on these lines.

## MALIGNANT AND OTHER OBSTRUCTIVE AFFECTIONS OF THE STOMACH AND DUODENUM, THEIR MEDICAL TREATMENT AND EARLY SURGICAL INTERFERENCE CONTRASTED.\*

### I.

D. DYCE BROWN, M. A., M. D.,

Consulting Physician to the London Homeopathic Hospital.

IN considering what homeopathic medicines I could do in obstruction of the stomach, the causes of that obstruction must be mentioned.

Firstly, there is malignant disease—unmistakable cancer of the stomach.

Secondly, obstruction arising from cicatrices due to ulceration.

Thirdly, cicatrices arising from the swallowing of corrosive poisons.

Fourthly, fibroid thickening of the coats of the stomach—sclerosis of the stomach—which was non-malignant. Along with cases of this kind might be classed those that arose from chronic gastritis.

Fifthly, pressure from outside, *e. g.*, tumors, enlarged glands, etc. These cases are rare. One case had been recorded in which pressure from large diseased glands upon the pyloric orifice of the stomach had caused obstruction.

First, as to cancer of the stomach. That, from the homeopathic standpoint, was incurable. It followed that the therapeutical treatment of cases of obstruction arising from cancer of the stomach was reduced to mere palliation. The cases must be treated symptomatically. If pain was the chief feature, medicines had to be given which were valuable in relieving pain, as *gelsemium* and *arsenic*, and *hydrastis* or *conium*, and ultimately opiates had probably to be resorted to. If the vomiting was troublesome the *arsenic*, *ippecac.*, *apomorphia*, *hydrastis*, and *nuxvomica* were useful according to their indications. And last, but not least, most careful dieting was necessary, only liquid foods being given.

The next division was the treatment adopted for cicatricial obstruction produced by ulcer close to the pyloric orifice. A similar cicatricial

\* Original contributions to a discussion held by the Section of Surgery and Gynecology, November 2, 1899.—*Jour. of the British Homeopathic Society.*



condition was produced by swallowing a corrosive acid.

In these cases the medical man had simply to depend upon time, dieting the patient very carefully, and, as in the case of cancer, treating the symptoms as they occurred.

The next division was that of fibroid thickening, and also chronic gastritis. Fibroid thickening of the stomach occurred at an earlier stage of life than carcinoma, and was the result of chronic gastritis. It was not a common disease. The submucous tissue and all the tissues, including the muscular fibers, at the orifice of the stomach, were very much thickened. In addition to that, the thickened mucous membrane in the stomach got into folds, which increased the difficulty, and made altogether a condition of marked obstruction. Fibroid thickening is not malignant, and, so far as I am aware, is not found to degenerate into actual carcinoma. The symptoms are pain, vomiting, difficulty of retaining any but liquid food, difficulty of passing anything more solid, pain until it is passed, emaciation, and the patient looks very ill. The case might then easily be mistaken for carcinoma. A certain amount of swelling was also found. It was not hard, as in a carcinoma case, but smooth, and could be easily moved, and though not tender it was distinctly felt by the patient. Sometimes it was difficult to diagnose between that condition and actual carcinoma, but the cases were totally different. The main elements of distinction were the age at which the condition was observed, the sensation of the swelling, its smoothness, and, finally, the length of time it lasted, which practically negated the diagnosis of carcinoma. In these cases of fibroid thickening homeopathic therapeutics could be used with great advantage.

The diet must be regulated, and the valuable medicines were those which homeopaths used to cure chronic thickening of mucous membranes caused by catarrh in other situations, such as arsenic, hydrastis, antimonium tartaricum and crudum, nux vomica, pulsatilla, and also sulphur, calcarea, and silica. The cases required long and continuous treatment, but they held out every chance of marked improvement.

Included in the above section were cases of chronic gastritis where the disease had not gone

so far, but where there was a general thickening of the mucous membrane, causing a certain amount of narrowing of the orifice of the pylorus. Those were also cases in which homeopathic treatment was very valuable.

The last class of cases, where there was pressure from outside, was so rare that it might practically be ignored. If there were enlarged glands they would be treated as such, but if there was any other form of tumor, that would come more under the hand of the surgeons.

Finally I might add, not as a separate class, but a number of cases which one came across frequently, where there was a great suspicion that carcinoma existed, but where no actual growth could be felt, all the objective symptoms of carcinoma, except swelling, were present—emaciation, inability to take food except of a liquid kind, constant vomiting of food, distention of the stomach, and pain. I think I am not wrong in saying that cases of that kind did occur, which were entirely cleared up under treatment. They were cases which should not be handed over to the surgeon, but where therapeutic treatment should be gone into thoroughly. There was every prospect of success if the treatment were steadily persevered with. The medicines to be used in such cases I have already referred to. In cases where there was a chronic catarrhal condition of the stomach and a suspicion of carcinoma, hydrastis was a medicine of the very greatest value, not only benefiting all the symptoms, but at the same time really curing the disease or bringing it to such a state of minimization as to be a practical cure.

These latter are the points on which I can speak for homeopathic treatment with certainty and confidence; in the cases first mentioned I would ask the surgeons to show if they could do much better than by treatment with medicines.

## II.

C. KNOX SHAW, M. R. C. S.,

Surgeon to the London Homeopathic Hospital.

In opening this discussion from the surgical aspect of the subject, may I briefly review what I consider to be the main points in the medical aspect of the cases that lead to the necessity of surgical interference.

The principal effect of obstructive disease of

the stomach is to cause dilatation. The effect of dilatation is to allow a delay of the contents of the stomach, with consequent injury to its motor and secretory powers. The dilatation exists also as a cause, concomitant, or consequence of catarrh. With catarrh the contents of the stomach become alkaline, and as a consequence the bacteria of fermentation and decomposition develop, with all their distressing sequelæ. The overwork of the stomach rendered necessary by the obstruction causes fibrosis of the wall, or even carcinomatous infiltration. To avoid repetition it has fallen to my lot to speak more particularly of obstructive disease.

Dr. Dyce Brown has referred to the causation of obstructive diseases of the stomach. Pyloric obstruction, as he says, is well known, may be either malignant or benign, but though Dr. Dyce Brown has referred to it, it is not so often recognized that the narrowing may be caused by puckering of the cicatrix of a gastric ulcer, or by adhesions formed from the outside, as from the gall-bladder. Of course, there is a dilatation of the stomach caused by enfeeblement of its function from various causes, acute or chronic. But this would scarcely come under the head of obstructive disease, though its effects upon the patient are the same, and the condition is open to surgical treatment as in the class of cases under review. The surgery of the stomach has recently made great strides, and it is as well that those who are not brought frequently in contact with it should realize its possibilities. It must be admitted by the most ardent therapist that in a good many cases of gastrectasis there is "a mechanical obstacle to the cure" which no remedy can overcome. Dr. Dyce Brown admitted he knew nothing that could be done. It is, therefore, of the utmost importance to the patient that a correct diagnosis should be made, and an examination of the contents of the stomach is all-important.

If a diagnosis of pyloric obstruction is made, surgery offers in some cases curative, and in others palliative, measures. First and foremost we should endeavor to remove the obstruction. This can be done, in malignant cases, by resection of the pylorus. With more accurate knowledge the mortality from this operation is steadily

diminishing, but this mortality is still very materially increased owing to the advanced stage of the disease in which operation is undertaken. We have not had a suitable case in the Homeopathic Hospital, though we have operated with a view to removal, but owing to the advanced nature of the disease we have had to content ourselves with one of the palliative measures. Should pylorotomy be impossible, we have, in malignant cases, gastro-enterostomy, meaning thereby an attachment of the jejunum to some portion of the stomach, so as to allow of the passage of food out of the stomach. I have on a previous occasion reported cases of this operation to the Society. This operation is also often useful in other cases of gastrectasis, and has been used with great success in dilatation from enfeeblement of function; both by keeping the stomach empty, and by the removal of its putrefactive contents, time and opportunity is given to the stomach to regain some of its normal condition. In these cases it is thought that the artificial opening gradually closes as the stomach improves. Should we have to deal with a stenosis of non-malignant origin, surgery offers forcible divulsion of the stricture (Loretta's operation), or a pyloroplasty may be done. This consists of splitting the stricture lengthwise, and stitching it up crosswise. This is most successfully applied in those cases where there is puckering of a cicatrix, as in a case of a lady over sixty years of age whom I saw last Easter with Drs. Moir and Nankivell. Here there had been a history of gastric ulcer years ago, but lately the emaciation, vomiting, and condition of the stomach made a diagnosis of carcinoma probable. An exploration was advised, and a puckered cicatrix stenosing the pylorus was at once seen. A pyloroplasty was performed, followed by a rapid convalescence, and, what is more satisfactory, complete relief of the lady's symptoms. In the early part of this year I saw, with Dr. Shackleton, a young man whose symptoms were considered to be due to gall-stones, but in whom vomiting was a most prominent feature. Abdominal exploration revealed adhesions between the gall-bladder and pylorus, the freeing of which has resulted in almost complete cessation of the attacks and a very great improvement in general health,

though I am told by a surgical friend who has met with a few similar cases that possibly some pyloric operation may be needed later, as these adhesions tend to re-form. The comparative safety of abdominal section would lead me to urge early exploration in cases of obstructive dilatation of the stomach. The existence of gastrectasis, uninfluenced by medical treatment and diet, would, in our present knowledge, be a justification for operative interference, especially in view of the difficulty of an accurate diagnosis. To attempt a curative or a palliative operation when the patient is in a condition of advanced toxæmia from the contents of his stomach, and in a state of emaciation, owing to the inability of the stomach to perform its proper functions, is eminently unsatisfactory alike to the patient, physician, and surgeon.

### III.

HERBERT NANKIVELL, M. D.,

Physician to the Hahnemann Convalescent Home,  
Bournemouth.

I have nothing to add to Dr. Dyce Brown's sketch of the diseases of the stomach, and with Mr. Knox Shaw's view as to early operation I am perfectly in accord. An operation might be attempted too early. I could conceive Mr. Knox Shaw opening several abdomina and finding no tumor of the pylorus and no large stomach; so that, from the physician's point of view, something must be said on the diagnosis of those cases. The one point which might be looked upon as most certain in the existence of obstruction was dilatation of the organ behind the obstruction, and if there was one point of evidence which would prove more than another the existence of a serious amount of pyloric or duodenal obstruction it was dilatation of the stomach. No doubt there were some difficulties in the way of diagnosing an early dilatation of the stomach. One method used by physicians was the passing of an esophageal tube as far as it would go, and then feeling through the walls of the abdomen for its point, and judging in that way how far the stomach had distended.

Another plan was, after the stomach had been completely emptied, to carefully map out the

outline of the organ; then the patient should be given a considerable quantity, say a pint, of warm water to drink. A dull region would be found at the lower border of the stomach which did not exist before, and by the position of that dullness they would be able to ascertain how far the stomach had enlarged. Another valuable method was to place a phonendoscope over the stomach and gently percuss the abdominal walls. The last method would probably teach them earlier than any other whether any real dilatation, or in a better phrase perhaps, "the non-emptying of the stomach," existed.

There were certainly some cases of dilatation which distinctly came under medical treatment, viz., those from thickening of the stomach; those from over-eating and drinking, which were not infrequent causes of dilatation, not so much in this country but in other countries; and also those due to a deficient digestive power, on account of which the stomach contents did not get properly dissolved, and were not in a fit condition to pass on through the pylorus. Dilatation from all other causes—cancer, contracted cicatrices, pressure from the head of the pancreas and adhesions—were all practically incurable except by operation. Pre-existent dilatation was in itself a cause of subsequent dilatation. If one looked at the shape of the stomach it would be seen that if dilatation once began it was very apt to go on. It was more difficult for a stomach which had been moderately dilated to empty itself, and the tendency was for the dilatation to get worse rather than better, unless active treatment took place. In addition to the remedies brought forward by Dr. Dyce Brown, the treatment of emptying the stomach by the stomach-pump and also the judicious use of a constant electric current should be mentioned. The first method gave the stomach an opportunity of reducing itself to its normal size every twenty-four hours, and the other gave a special power to the muscular fibers.

Certain principles, I think, might be laid down for surgical non-interference:

(1) Where life was not directly or rapidly threatened.

(2) Where primary obstruction was incomplete and not increasing, and where the secondary changes were limited.



(3) Where there was an absence of an organic cause.

(4) Where there was no hope of good being done, as in extensive cancer.

All other cases, I am afraid, would come finally into the hands of the surgeon. The termination of the operation mentioned by Mr. Knox Shaw, in the patient sent up by him to Dr. Moir, was most excellent. A pyloroplastic operation was performed, the duodenum slit up, and the edges of the ulcer brought together in the reverse way. He heard from the patient recently, and she was doing extremely well. That patient had some years ago a gastric ulcer, for which she was treated, apparently successfully at the time, but every now and then she had severe attacks of dyspepsia and pain. She would be well for two or three months, and then the whole of the symptoms would recur. Finally a very large amount of dilatation of the stomach was induced, and an operation was the only thing to save her life. In another interesting case a lady under my care at Bournemouth many years ago had acute signs of pyloric ulcer. She got well in about two months and went abroad. Some three years afterwards, while she was traveling in Switzerland, she felt that she had strained herself, and in a week or two after the strain an ovarian tumor made its appearance. She went to a well-known professor at Lausanne, who operated for the tumor. He was just finishing the operation when he noticed the bulging of the lower wall of the stomach. He examined the stomach, which was enormously enlarged, the pylorus being reduced to the size of a quill. He slit up the duodenum there and then, and performed the pyloroplastic operation, and the patient recovered from the double operation. Here was an instance of a very contracted pylorus without any special gastric symptoms being present; but no doubt they would have developed with fatal rapidity had the stenosis not been abolished.

*(To be concluded.)*



At its recent session, the General Assembly of Georgia passed a bill legalizing the practice of osteopathy. In spite of considerable pressure the Governor vetoed the bill.

### THE MONUMENT FINANCES.

IN common with the other homeopathic journals of the school, we have printed the financial report of the lately appointed Institute Committee for the Hahnemann Monument. Having done that we pause to ask what it all amounts to? Is this the extent of their endeavor? Are we to have no substantial work? This printed report required no specially heralded and appointed committee; since either of the twain, who have been carrying the monument in their private pockets for years, could justly as easily have prepared and sent that to the press. What the profession wanted and had reason to expect, from the manner of protest made against the former management, or alleged mismanagement,—for there have been those who had much to say on this latter head,—was that some radical and very prompt measures be invoked for the completion and unveiling of the monument in Washington this coming anniversary of Hahnemann's birthday. If anything was done beyond the publication of this financial statement as noted, and a few talkative meetings of the committee in New York, we have not heard. Certain it is, as we learn from reliable authority, that the Institute will come to Cleveland, which coming was altogether based on the possibility or impossibility of the newly appointed committee raising the necessary money to take the Institute to Washington with the monument this April or later. As we have said formerly, if the Institute comes to Cleveland under the Fisher resolution as passed at Atlantic City, it will be the death-knell of the monument! The apathy, for instance, existing in Cleveland regarding the ultimate success of the monument is duplicated in St. Louis, in Chicago, in San Francisco, and in many other cities and centers of Homeopathy. We are not criticising the monument itself; but we do criticise the Institute's action at Atlantic City in coupling the Cleveland visit with the non-success of the monument. We are a firm believer in the monument, emphasized by a subscription according to our means, and paid into the treasury. We do not see that the newer committee has shown any special activity in saving the monument from the junk-shop. Where is the hitch in the matter?

**MATERIA MEDICA QUESTIONS.**

By E. FORNIAS, M. D., Philadelphia.

Give the meningitis of *zincum*.

When irritation is soon followed by paralysis of cranial nerves ; or when there is nothing but effusion of cerebral torpor. Even in advanced paralysis, with general coldness.

Give the meningitis of *plumbum*.

When paralysis supervenes and there are numbness and emaciation of the affected parts, as well as general coldness and obstinate constipation worse toward evening. In the chronic form when paralysis is preceded by mental impairment. Paralysis of tongue.

Describe the *psorinum* child.

Delicate, scrofulous, emaciated, easily startled, with a pale sickly countenance ; unhealthy skin, always with a filthy smell, even after a bath, and intolerable itching ; distended abdomen with colicky pains ; watery, very fetid stools and otorrhœa, coryza, and scrofulous ozena. Sick baby is awake day and night, and frets and cries until exhausted.

Give the constipation of *veratrum album*.

In *veratrum album* there is a disposition to stool in upper intestinal canal, but an indisposition, sluggishness, or apparent inactivity of the rectum and lower intestine, stools hard and large (bry.). In obstinate cases when *nux vom.* or *opium* fail. In the constipation of infants.

Give the nervous depression of *zincum*.

Nervous depression of brain, spine, and ganglionic nerves. Deficient nerve power and consequently debility, emaciation, and anæmia ; the latter not from blood changes but from impaired nutrition. A quantitative deficiency. The system, having too little reactive power to develop pathological processes, suffers the results of suppressed diseases, the viscera then bearing the burden as when eruptions fail to come out.

Give the heart symptoms of *spigelia*.

Nervous palpitation with intermittent pulse. Purring feeling over heart ; wave-like motion, not synchronous with the pulse. Palpitation violent, worse bending forward

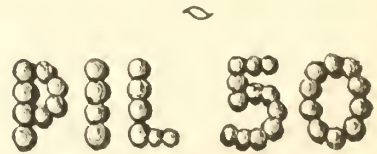
or when he sits down after rising in the morning. Stitches about the heart, with anxiety and oppression (*acon.*) ; at the commencement of valvular disease, endocarditis, etc. Systolic blowing at the apex. Dyspnœa and suffocation when moving in bed.

Give the indications of sulphur in rheumatism.

In chronic rheumatism with erratic pains (puls.), with or without swelling in the second stage of articular rheumatism, where deposits are to be removed and where the feet in particular are affected and very stiff. Ascending inflammation from lower to upper joints, with torturing pains on motion, still jerks during sleep at night making him suffer. Rheumatic pains in left shoulder as if sprained or bruised ; better by heat. Dreads washing. Sensitive to open air, wind, or dampness. Numbness of affected parts. Hot head and cold feet.

Give the suppuration of *silicea*.

Excessive suppuration, either of soft tissues, periosteum, or bone itself, especially if the pent-up pus has bored its way out and the open wound refuses to heal, causing by its long duration a great deal of mischief. It has the power to moderate and finally control suppurative processes, in this respect sharing honors with *hepar*. The discharge is thin, watery, ichorous, bloody, and offensive. Subsequent induration after tardy recovery may also demand its employment. Lachesis follows well when the parts turn livid or become gangrenous (*ars.*). (When bone is affected think of *fluoric acid*.)



*The Medical not  
a Learned Profession.*

At a meeting of alumni of Vassar College held in Chicago last month, the president of that temple of learning startled his auditors with the statement that the medical profession of the present age is not a learned profession, a statement all too true. Formerly doctors were

teachers, students, scholars. Not so to-day. The profession has polluted itself. Its educational system is rotten to the core. It has been grinding a grist, nor has it always been careful in the selection of the grain brought to its hopper. It has not only countenanced, but has largely encouraged the manufacture of quickly and cheaply made doctors, leaving it to the perception of the educated man to discern the difference between the refined and the dross. The indictment against us is just, it cannot be quashed, the profession is on trial.—*Medical Century*.

[Possibly this is the reason why the medical profession, being itself an unlearned profession, always calls in that learned profession, the ministry, to properly conduct the Commencement Obsequies (at the End of the Funeral) for the medical profession. But this is an old cry. It amounts to little. It is merely saying that the medical profession is not book-learned as no doubt the Vassar graduates are top-heavy with knowledge. The same may be said of the legal profession, and in some rare, very rare, instances, of course, of the Ministry. We are old enough to remember having seen Abraham Lincoln referred to in *Harper's Weekly* and other of the political papers of that day as an ignorant backwoods lawyer. There, too, was Andrew Johnson, who was an ignorant ex-tailor, whose wife first taught him his letters. Then came that drunken boor and ignoramus Grant, who was compared disadvantageously with the polished and scholarly McClellan. And, latterly, we have seen much in the papers—for we read the papers—concerning the late Moody, the great champion soul-winner, not being educated; didn't know Greek or Latin, and wasn't a theologian; and of Paul Kruger, who was acquainted with nothing but his Bible, his porcelain pipe, his whiskers, and his "plug" hat.

Somehow all these people have occupied a considerable space in the public eye at one time or another, and it is safe to prophesy that their names will never wholly fade out of history.

If the aim of a profession consisted wholly in the possession of and the posing of greater abstract knowledge of that professional knowledge, then unlearnedness in those abstract learnings might be plead in bar of the learnedness or unlearnedness of that profession. Possibly that

isn't very clear. That wasn't our object. It was to be learned, not lucid. What we mean is, that the end of all vocations, avocations, trades, professions, callings, and the like is SUCCESS! Always of course within channels considered legitimate in that age, for even honesty changes with the time. (Who of us on reading, between the Hood's Sarsaparilla and the Celery Compound ads., of the daring and successful feat of a Sunday-School bank-cashier, pulling the wool over the eyes of a large board of directors and trustees, and looting the bank of three or four million dollars, leaving nothing in sight but a hard-coal baseburner and a aluminum spittoon—who of us, we repeat, in an unguarded moment does not feel that that cashier had earned his booty? He could never have made that money as easily if he had been strictly honest, and had always picked up the pins and returned the borrowed pencil and umbrella.)

We have known of learned men—*überstudirten*—who could do nothing that would bring them a meal of vittels. They were utterly too learned and too unpractical for this practical world. Indeed, when as a young man we wore a large-sized diamond-pin in our immaculate shirt-bosom and shouted "Front" to the bell-boys and porters of a Cincinnati hotel, we had for one of our night-porters a man of middle age who could speak a half-dozen modern languages and had made his *kursus* in one of the finest of German Gymnasiums (Universities). He had tried in every way to make use of his many accomplishments, and even at a time when labor was scarce he was barely able to keep body and soul together. He wasn't even a good porter.

The American medical profession may not be a learned profession as the graduate of Vassar is presumed to be learned, but any one other than a learned representative of Vassar—by the by, is this that Vassar College, built in the East somewhere, which owes its name and existence to the money left to it by an ale and beer brewer who wasn't overburdened with learning?—any practical man would have examined the record touching the American medical profession before making this wholesale allegation. We do not believe that even New York would say this of the Chicago profession or Boston of New York. Those who have kept tab on the times know



that to-day the medical profession of America is the equal in everything, and in several things the superior, of European practitioners. Those of our number who are fortunate enough to be rich and learned at the same time, and who have been abroad to get the necessary European tan and polish have returned to us and confessed that there is very little to be had in Europe in the way of skill and success that cannot as well be had in this country. It is true that because of the over-crowded communities and the laxity of morals in many centers, notably in Vienna and Paris and Berlin, the Frauen-Klinik with its necessary adjunct of illegitimate offspring afforded a much larger and finer opportunity for studying that class of material. But having enjoyed this unusual treat and having come home and engaged in practice, how many cases, of the kind he saw in Vienna, will he find in his practice, and if he did what would he do with them?

Of course we are not so unlearned as not to know that this was not the lesson which our learned brother of the *Medical Century* was trying to inculcate. Alas, we are forced to agree with him in the main of his argument when he speaks of the colleges and what they affect, and what they do in reality teach. That there are too many colleges in Chicago goes without saying. That some of them are poor and worse is also demonstrable. But that for the whole territory of the United States we have too many, we cannot admit. We have said repeatedly in these pages, and for years, that many of our schools were not teaching the best that could be and should be had in their many chairs. We are glad to find our brother at last on our side of the fence. We are crowding our schools to death with learning, and forgetting wisdom. Examine the first two years of the accepted standard and say why all that "stuff" should be crammed into a willing and receptive brain only to be completely dislodged and forgotten when it gets into the junior and senior years. Instead of crowding so much general learning and science into a medical curriculum at the necessary expense of the medical part of it, we like the Biggar idea the best. He is striving to make the student a better-prepared student when he applies at the college door. In other

words, he wants the medical college to be a medical college, and of the first order.]



## Globules.

In 1885 three bodies were disposed of by the London Cremation Society. In 1898 the number had risen to 240.

Several homeopathic physicians of Cleveland, one of these a professor, appear in the Red Book as practicing "both" ways. Progress? Well, we guess!

That Pan-American emblem published in the *Syracuse Clinic* may be very appropriate, but judging from an anatomical standpoint we would like to know where North America has put her several legs and arms; and whether she doesn't feel pretty badly cramped in her bunched-up position. South America is a beautiful figure and graceful, but North America looks as if she was in the throes of parturition.

The twenty-seventh annual meeting of the New York Diet Kitchen Association for the Relief of the Sick Poor was held on January 17. Among the speakers one incidentally alluded in terms of warm praise to the good results of the free distribution of sterilized milk by Mr. Nathan Strauss, who had persisted in his philanthropic work regardless of the ingratitude of some and the hostile criticism of others.

The coal-tar products were found to have great power as analgesics and antipyretics long before experiments in the therapeutical laboratory had been conducted to show their exact action. As a result of this laboratory work we know now that some of them are safe, while others are very dangerous. Antikamnia has stood the test of exhaustive trial, both in clinical and regular practice, and has been proven free from the usual outward after-effects which accompany, characterize, and distinguish all other preparations of this class.

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# The American Homeopathist.

MARCH 1, 1900.

FRANK KRAFT, M.D., CLEVELAND, OHIO, EDITOR.

## OUR PORTRAITS.



A. N. BULLARD, M. D.,  
Birmingham, Ala.

## VALE, VILLERS!

**D**IE *Archiv für Homöopathie*, edited and published by Dr. Alexander Villers of Dresden, closed its open doors with the December issue, after eight years of unremitting struggle. The editor, in taking leave, gives a number of causes for his disappearance from the public with his journal, all whereof smack of personal grievance: lack of intelligent sup-

port from his German brethren, and the like. If we may be indulged in what may seem ungracious criticism upon the dead, we would say that the demise of this journal was mainly because of its lack of originality. With very few exceptions its pages were given over to translations of American materia-medica papers, and many of these from writers who in America rank only as homeopaths (?), as theorists and prolific writers, but who have rarely been heard of as practical men or professional exponents of Homeopathy. Among them were those who have arrayed themselves against the American Institute of Homeopathy, and as well against every individual and every society that did not knuckle under to them and their wonderful interpretation of Hahnemann's dictum. Writers and teachers of that kind have no value with American doctors, who are in the fighting line of battle, amid the powder and smoke, and who demand the best armament that is to be had to date. Theorists who go into spasms because a homeopath gives an enema, or a compress, or a poultice, or a little salve; or who uses local means to ease pain or purify surfaces; are not reliable leaders of the profession. It's the man behind the gun, and not the war-strategy-board a thousand miles away, who wins the battle. It is one thing to lecture and write learnedly upon homeopathic materia medica, and quite another to practice it. And in this awfully practical world of ours we are judged by our works rather than by our well-rounded periods. We have seen and read translations of American papers in the *Archiv* from men who have never earned a thousand dollars a year as physicians. Men who have had to remove from neighborhood to neighborhood in the pursuit of some congenial field for

their moonshine theories. The homeopathic profession—at least that part of it residing in America—is very intolerant of homeopathic theories and metaphysics and speculations. They want the living word, hot from the anvil of the successful practitioner. And it would seem that our German brethren act on the same principle. We do not wish to be understood as rating the value of any commodity solely by its money-making power; but we do contend that a man who is unsuccessful in his chosen line,—and this is most clearly and unmistakably evidenced by his continued poverty in the world's goods, that that man cannot be a good teacher. We have had every issue of Dr. Villers' little journal, and, as a student of materia medica, have enjoyed its translations. But we long ago foresaw the end—the end that has now come. To Dr. Villers, personally, we tender our regrets.



### **Materia Medica Miscellany.**

Conducted by J. WILFORD ALLEN, M.D., 110 West 12th Street, New York.

#### *Zincum Cyanatum in Petit Mal.*

Dr. Oscar Hansen<sup>6</sup> was consulted with regard to a young girl of twelve years, who for one and a half years has been epileptic. Her arms would twitch, and she would drop what she had in her hands. At the same time her head would fall backward and her eyes turn upward. These attacks occurred most frequently when she would sit still and read, lasted one minute, and consciousness was lost for this period. Several attacks daily. During the seizures her face was pale. Her memory was good. Her urine was normal and often contained a great deal of urates. Her functions were regular. Wine aggravated her condition. Zinc. cyanatum 2x was administered, five grains, three times a day. The attacks decreased in frequency, and in less than three months the twitching in the arms had disappeared, and that of the head was less. In four months more there were only a few twitches of the head, and without loss of consciousness in the morning, and as two months' further use of this drug did not improve matters, and as it

was noted that the twitching disappeared during movement, and especially in the open air, puls. nigric. 3c. was given, three drops, three times a day, and in one month she was wholly restored to health.

#### *Kali Phos*

Dodge of Denver, Col., in Critique, believes that this drug is a positive cure for the "blues," for it is impossible to have an attack if the balance of supply and waste of kali phos. is kept up in the gray matter. Give it to your worn-out nursing mother, who is tried almost to distraction with a nervous baby, and you will be doing a great service, and enable her to stand tenfold more disturbance and annoyance, and be the means of quieting the child through the increased nourishment supplied. She will bless you. Give it to the overworked business man, and he will tell you in a short time that he is able to perform double the amount of work without fatigue. Give it to the tired professional man, and notice the marvelous change you will have wrought. The special indications for its use are a foul breath, tongue coated with a brownish, mustard-like coating. A dull, heavy aching between the shoulders, extending to base of brain, worse while standing, better on lying down, restlessness, inability for mental work, conditions of debility, and all complaints having foul, odoriferous excretions. Whenever you find a foul breath you will have a nervous condition below par, and whether from biliousness, catarrh, or indigestion, or a condition simulating typhoid fever, kali phos. will be found greatly beneficial, and in many cases the only medicine required. If used faithfully and conscientiously in the higher potencies, the best results will be obtained.

#### *Selaginella Apus,*

Popularly known as snake moss, is declared by Dr. Kent<sup>38</sup> to be a perfect antidote for the poison of snakes and spiders. With ½ dr. of the moss is macerated thoroughly 1 fl. oz. of sweet milk. The moss is then taken out of the milk and bound on the wound, while the milk itself, containing small fragments of the moss, is swallowed by the patient. A number of cases have been successfully treated in this way by the



author. One case cited is that of a boy of eleven years who was bitten on the instep of his right foot by a large copper-head moccasin. In an hour the foot was swollen to double its normal size, the pain being intense. The next morning, after treatment with the moss, he was at play, with only a scratch to remind him of his encounter with a snake.

### *Bryonia in La Grippe.*

Bozarth, Vicksburgh, Mich.,<sup>11</sup> says :

In the later stages of la grippe, when the cases have been neglected or badly treated, I have found no remedy so frequently indicated as bryonia. Such cases have an indifferent or fictitious appetite, constipation, coated tongue with bitter or foul taste, usually but little thirst, restless sleep, with an irritable, weak, generally run-down condition, and exhaustion from slight exercise or labor. This condition may have continued from a few weeks to several months, always dating from an attack of la grippe from which they not fully recover. They have gone through the course of tonics and invigorators, but still do not regain their usual tone and vigor. In the Southwest, where I formerly practiced, I met many such cases, and at first could not persuade my mind that bryonia could be the remedy. I thought it should be found among such remedies as arsen., nat. mur., china, or in that class. I examined my cases repeatedly and carefully to get all the symptoms, and studied the remedies for hours, but always came back to bryonia. One case I will relate. A man in the prime of life, working in the roundhouse, had la grippe two years previous, and ever since had been in the condition above described. Having a family to support, he was obliged to keep at work, but it was a continual drag and effort to keep moving. For an hour or two in the morning he would feel very well, but after that the balance of the day was a drag. Two prescriptions of bryonia restored him to health, and, as he said, for the first time in two years he felt like himself.

### *Conium.*

An editorial in Eclectic Med. Journal says that conium is a boon to those who indulge in excessive venery. It relieves that mental dull-

ness and stupor, and dissipates the heaviness and aching pains of the back. In some cases conium is the equal of phosphorus or nuxvomica as a remedy for impotence. In the male the sexual power is weak, with exaggerated desire ; the erections are feeble and incomplete, of short duration. Emissions are excessive, and occur upon slight provocation, and often without bad dreams. The man may seem strong and healthy, but nervousness makes him usually weak. There is no satisfaction in coition or exertion. The female who will take conium and feel better either menstruates too early or the flow is scant or suppressed. There are crampy pains and a deep vaginal irritation. She has a weak back, and complains of a paralyzed feeling in feet and limbs. She has no desire for nor pleasure in sexual embraces ; she submits from a sense of duty rather than satisfaction. She has leucorrhœa after menstruating, and colicky pains before.

Conium will many times arouse a suppressed sexual desire or appetite in either sex when the sequence of collapse, hysteria, or melancholy. It will lessen or stop a spermatorrhea, when the flow is provoked by constipation or slight movement of the body, and the patient is debilitated. It sometimes helps materially to remove the hardness from the testicles following an orchitis.

Conium serves to specifically impress the female breasts. The hardened, swollen glands, so often seen at or near the menstrual period, with sharp cutting pains, and acutely tender to the touch, are speedily relieved by conium. Distressing pruritus of the vagina or pudendum, occurring after the menstrual epoch, is quietly put to sleep by conium. The pain that runs through the back and down the thighs, in a woman who has womb trouble, hemorrhages, polypus, etc., who will not submit to operative measures, may be made more or less bearable by conium. Hyperæsthesia of the genitalia after menstruation or during its suppression is overcome by conium. It is said that indurated tumors about the sexual organs or cervix uteri, when accompanied by burning, cutting, knife-like pains, are bettered by conium. Leucorrhœa that excoriates and burns the parts touched by the discharge, often seen in children, is lessened if not stopped by conium.

Conium acts as well upon the urinary organs as upon the reproductive. In feeble people, with frequent dribbling urination, especially at night, with burning, cutting urethral pain, a turbid, thick, whitish, or bloody urine, and a sense of weight or pressure about the bladder, it is the remedy that will satisfy patient and physician.



### MATERIA MEDICA GLEANINGS.

By Professor W. A. DEWEY, M. D., Ann Arbor.

*Ipecac.*—A sensational discovery has been made by a French physician that ipecac is a remedy very useful in hemorrhages. Dr. Jousset, in commenting upon this discovery, shows that ipecac. cures hemorrhages in the sick because it produces them in the healthy. The dose given by the French discoverer was one centigram of the powder.

*Cantharis.*—Jousset says that cantharis is the most often indicated remedy in fibrinous pleurisy with exudation. The indications drawn from toxicology and a study of the drug upon the healthy human being furnish as lesions redness and injection of the pleuræ after repeated applications of blisters. This is especially the case in dogs. In case of poisoning by a cantharides powder, 100 grams of a bloody fluid was found in the pleural cavities. The symptoms produced by cantharis are frequent attacks of a dry cough caused by a tickling, and accompanied with intense dyspnoea, with laborious and accelerated respiration. The dose used is the 3d dilution, descending even to the tincture if the exudation resists.

*Santonine.*—A child having taken 11 worm tablets, each containing 5 centigrams of santonine, was taken an hour afterward with paleness of the face, convulsions, cold sweat, and loss of consciousness; the pulse was slow, the pupils dilated, and the urine was of a lemon-yellow color. The case recovered, but numerous cases of poisoning on record from the use of this drug did not recover. The custom of giving santonine because the patient has worms is a pernicious one. It is better to study the case individually, when it will be often found that such drugs as teucrium, spigelia, or stannum will be the remedy.

*Stramonium.*—A woman aged fifty-three years took by mistake a teaspoonful of an anti-asthmatic powder consisting of stramonium. She was immediately taken with dryness of the throat, which drinking did not relieve. She appeared like one suffering from delirium tremens; the face, however, was very pale, the pupils were dilated and insensible to light. At the same time hallucinations appeared, also delirium, with inco-ordination of the lower extremities; sensibility, however, was normal. At first the patient had great difficulty in swallowing; the respiration was calm, but the pulse was accelerated and easily compressible. The proper antidotes were applied and the patient recovered.

*Laughing and Its Signification.*—A work has recently been published in France on a pathological status of laughing. The book is a most interesting one, for here, as elsewhere, deformities enlighten us best on a healthy and normal organism. Thus we learn by the study of insanity to know the healthy brain and its functions. In this book the various forms of laughter are described—the laughter of maniacs, that of chronic delirium, idiocy, epilepsy, hysteria, hypnotic states, etc. All this is of a nature to interest the physician and serve him in his diagnosis, and to us as homeopathic physicians it should serve as an additional indication for our remedies. What a fertile field for the observation of laughter is found in insanity! What varieties it furnishes us! What pictures of trembling lips, of visages distorted by a convulsive, hideous laughter! All these various forms are described in the work, with minute details and in a precise manner, and not only is it the work of a physician, but of an artist, and is most judiciously illustrated.

*Erigeron Canadensis.*—The effects of this remedy may be compared to those of arnica. It has an action upon active hemorrhages, predominantly of the genito-urinary organs, and hence it is to be employed in albuminuria with cystitis, dysuria, and tendency to hemorrhages.

*Asclepias Tuberosa* is a good remedy in nephritic albuminuria accompanied by anasarca; above all, if there are painful phenomena in the sides and abdomen, with spasmodic contractions of the diaphragm.

**MALIGNANT AND OTHER OBSTRUCTIVE AFFECTIONS OF THE STOMACH AND DUODENUM. THEIR MEDICAL TREATMENT AND EARLY SURGICAL INTERFERENCE CONTRASTED.**

*(Continued from page 69.)*

IV.

DUDLEY WRIGHT, F. R. C. S. ENG.,

Assistant-Surgeon to the London Homeopathic Hospital.

THE following is a simple, though perhaps rather rough, classification of obstructive diseases of the pylorus :

- (1) Obstruction from foreign bodies.
- (2) Spasmodic stricture.
- (3) Simple fibrous stricture.
- (4) Obstructions caused by adhesions implicating the pylorus.
- (5) Malignant stricture, (a) primary, (b) secondary, by which is meant invasion of the pylorus by malignant disease of neighboring organs.

The diagnosis of these various conditions is at best of times a difficult task, and it is often not less difficult to distinguish the symptoms they cause from those brought about by simple ulcer of the stomach and various forms of dyspepsia.

This question of diagnosis it is not a part of my duty to enter into to-night, but since the successful operative treatment of stomach lesions is so universally dependent upon their early diagnosis, I trust that the physicians amongst us who have given particular attention to this subject will make a point of giving us the benefit of their knowledge to-night.

I have not been called upon to deal with either obstructions by foreign bodies or spasmodic stricture of the pylorus from a surgical standpoint; but the following is an interesting case of simple fibrous stricture :

J. P., a coachman, aged fifty-two years, sent to me by Dr. Hall, complaining of attacks of vomiting and pain in the stomach. He gave the following history :

Has been a healthy man up to six months ago, when the present illness began. First noticed

slight attacks of indigestion and pain in the chest. About two months ago he began to bring up his food occasionally. This gradually got worse, so that patient would feel severe pains in the "pit of the stomach," which ran across up into the chest. The pain was of a heavy burning character. It was worse towards evening, and patient could only get ease after vomiting. Dr. Hall prescribed rest in bed and light diet, which temporarily improved matters.

On admission to the hospital he was a florid-looking man, somewhat spare. Tongue large, flabby, and moist, and slightly furred. Breath rather offensive. No marked wasting.

Tenseness of the abdominal walls prevents a satisfactory examination. Stomach somewhat dilated. Pain felt above and to left of the umbilicus, and after examination he complains of general tenderness. Other organs appear healthy. Bowels acted regularly up to a month ago; since then constipated.

Under rest and careful dieting in hospital the vomiting ceased, but the pain never quite disappeared. Fullness of the stomach was complained of.

Operation having been decided upon, gas and ether were administered by Dr. Lambert. Incision made in the middle line from ensiform to just above umbilicus. Peritoneum opened, and the stomach, which was moderately dilated, was brought out of the wound and examined. The pyloric region was much thickened. This was not at all nodular, but appeared more of the form of a dense fibrous ring. There were no adhesions or signs of local peritonitis.

A portion of the anterior wall of the stomach was then isolated, and a small incision made, through which the finger could examine the interior. The pylorus was found so contracted as to admit with difficulty only the first joint of the little finger. There was no ulceration, but the constriction was so firm that it did not yield to dilatation. The stomach opening was then closed, and an incision made through the anterior thickened wall of the pylorus in its longitudinal axis, thus opening its lumen. By traction on the upper and lower edges of the wound this longitudinal incision was made into a transverse one, thus making a wide passage through the constricted gut, and in this position



it was closed by separate sutures for the mucosa and the muscular and peritoneal coats. The abdomen was closed in the usual way.

The patient stood the operation well, and there were no signs of shock. He vomited once shortly afterwards, and his progress was uninterrupted. Rectal feeding for two days, on the third day food was given by the mouth, and in two weeks was taking full diet without pain or any discomfort. Six months after operation was reported well and doing his duties as coachman.

I would point out the following items of interest in the above case:

(1) Rapid onset, or rather, short duration of symptoms. The disease must have been of longer duration than his symptoms would lead one to expect. It is probable that he had a pyloric ulcer originally, which has healed and led to fibrous contraction. We all know that such ulcers sometimes first assert their presence by rupturing and causing speedy death. A similar sequence of events may occur in cases of gastric ulcer.

(2) The improvement which took place with rest and care in dieting. This has been invariably my experience in both simple and malignant obstruction of the pylorus, that when the patients are first taken in hand they improve, but the improvement is not lasting.

(3) The method of enlarging the pyloric opening. This is called pyloroplasty, and has been found to answer in the few cases that it has been tried. At the same time it is possible that the after-history of these cases may prove that contraction again occurs, and I am rather inclined to think that gastro-enterostomy is the safest operation, so far as the future prospects of the patient are concerned.

The next class of obstruction that we have to deal with is that caused by adhesions of viscera, etc., to the pylorus. The commonest form is that in which the gall-bladder becomes adherent to the pylorus, and so drawing on it, cause an acute bend to take place, and thus the lumen of the gut becomes obstructed. The following case is one in which this condition was present to a slight extent. The traction exerted by the adhesion of the fundus of the gall-bladder to the pylorus was exciting a series of symptoms

referable to the former viscus on the one hand, and the stomach on the other.

Mrs. J., aged forty-six, seen in consultation with Dr. Frank Nankivell in June last. She was complaining of a sense of weight in the abdomen and a choking sensation after taking food. At times she was so ill that she had to lie up. A good deal of pain in the left hypochondrium was complained of.

Her history was that fifteen months ago she began to have vomiting attacks and a good deal of retching. The only important thing about the vomit was that it was occasionally streaked with blood. These attacks of vomiting were accompanied by very bad headaches, but not much local pain. She had never had any jaundice.

The patient was thin and anæmic. Tongue coated. Bowels acting regularly. Breath rather offensive. Abdominal examination showed the right kidney to be movable, moving down on inspiration below the level of the umbilicus. The left kidney was also slightly mobile. In the right hypochondrium, about the region of the gall-bladder, was a round mass reaching three fingers' breadth below the costal margin. It was dull to percussion and tender to manipulation. Urine healthy. Heart somewhat dilated and systolic bruit. No sign of disease in lungs. The patient noticed that symptoms were relieved after the abdomen had been handled about a good deal during an examination. This, in my experience, indicates intra-peritoneal adhesions, and whatever else we might find I felt sure that adhesions existed.

At the operation the incision was made over the tumor in the right hypochondrium, and on exposure it was found to be a distended gall-bladder somewhat bent upon itself, and firmly adherent to the pylorus. These adhesions were separated between ligatures, and the gall-bladder was opened and stitched to the wound, and the operation completed.

Recovery was rapid and without any feature, and I have heard only lately from Dr. Nankivell that the patient is now free from any trouble whatever, with the exception of a small sinus, through which some bile still drained away.

The next heading, viz., that of malignant structure of the pylorus, certainly brings us to the most important branch of the subject under consideration. I would preface my remarks by saying that these cases, if diagnosed early, are far less hopeless than is usually considered, and if only physicians will make it a practice of calling in the aid of the surgeon before obstructive symptoms have reached a high pitch, and the patient is much exhausted by constant vomiting and loss of nutrition, I feel sure that the results will be far more satisfactory for all concerned. Even should patients have passed the stage when complete removal of the growth is possible, operative treatment holds out such hopes of extended life with comparative ease and comfort, that I would go so far as to say that it is the duty of every physician to urge upon a patient in such a condition the desirability of having surgical treatment. I venture to think that the following cases will support these views :

*Case of carcinoma of the pylorus not admitting resection of the growth. Posterior gastro-enterostomy. Recovery, and patient in a comfortable state seven months later.*

R. B., female, aged forty-five years, referred to me by Dr. Burford. Gave the following history :

Previous to seven years ago was perfectly well. Suffered then from acute pains in the stomach, for which she received treatment from Dr. Burford. Of this she was cured, and remained well up to six months ago.

At this time she began to suffer from malaise, loss of appetite, and constipation. Three weeks later vomiting began. This was led up to by constipation, pain, and general abdominal distress, increasing in intensity until vomiting occurred, three or four acts of which relieved all symptoms. The quantity was enormous.

The frequency of these attacks commenced at about once a week. This period was prolonged by treatment to once in three weeks, but never longer. During the last three weeks she has had no treatment, and the attacks have been much more frequent, the interval being only three or four days. The pain is very acute, and starts at the epigastrium, radiating thence first to the right and then to the left, and downward

into the groins. It is relieved by nothing short of vomiting in large quantities.

The ingestion of food does not cause immediate pain, which seems to be caused more by the accumulation of various feedings.

No pure blood has been noticed, but the vomit occasionally has coffee-ground character. Much flatulence, especially in afternoon and evening.

The patient was admitted into hospital, where she began vomiting every few days. Four pints on an average came up at a time, and this consisted of mucus, undigested matter, and scraps of meat and water.

Examination revealed a tender mass, dull to percussion, just to the right of the umbilicus, separate from the liver. Other organs apparently healthy.

Operation was decided upon after a consultation with my colleagues.

Dr. Lambert administered the anæsthetic, and I was ably assisted by Dr. Burford. Incision made in the middle line of the abdomen, and pylorus reached. It was found to be invaded by growth of hard character. No adhesions. The outline was very irregular, and the involvement was extensive. Enlarged glands were present in the great omentum immediately adjacent. The growth extended chiefly in the direction of the duodenum, and difficulty was found in completely pulling up the pylorus for inspection. This fact, together with the presence of enlarged glands, decided me in not removing the growth, and I considered that a posterior gastro-enterostomy was the best operation.

The transverse colon was, therefore, raised up, and the transverse meso-colon put on the stretch. A slit of two inches was made in this, where it was free of blood-vessels, and the posterior wall of the stomach reached. A portion of this was seized and pulled through the slit. It was then cut into sufficiently to admit the entrance of a Murphy's button. The male part was put in, and it was kept in place by a Lembert's suture on either side of it, so as to diminish the opening in the stomach. A loop of the jejunum was now taken about four inches from the duodeno-jejunal juncture, and the female piece of the button put into this in a

similar way on its anterior surface. The stomach and jejunum were now approximated, so that the two pieces of the button could be closed, and they were pressed together. The junction of the two pieces of gut was so made that the peristaltic movements in each passed in the same direction when the union was completed.

As the patient showed no signs of shock a row of sutures was now put round the button to make the closure absolutely safe, and the operation was completed in the usual way. The only difficulty in the operation was caused by the excessive fatness of the abdominal wall.

Slight vomiting occurred during the first twelve hours; after that it ceased. Rectal feeding for forty-eight hours, then milk; on the fifth day custard and eggs. On the tenth day a more extended diet, and on the twelfth day chicken, potatoes, and greens. After this ordinary diet was taken. She never had any pain or vomiting after the first day. For a few days she was troubled with a cough, but apart from that and accompanying slight fever, she made an uninterrupted recovery, and left the hospital thirty-five days after operation. I learn from Dr. Burford that she is now, seven months since, in good health and eating her food without any abdominal symptoms.

The next case is very similar to the last, and the relief given by gastro-enterostomy was marked for some time, though lately, owing to the fact that the patient has bronchiectasis, with much cough and fetid expectoration, his condition has not been so satisfactory as in the above. Still what food is taken apparently does not cause the same discomfort as it did before operation, and I understand from Dr. Vincent Green, who attended the patient before and since operation, that the vomiting has not returned.

Edward M., aged fifty-three, admitted into hospital on June 27 of this year, complaining of pain in the stomach after food and relieved by vomiting.

Patient had had a very healthy life. Present trouble began four months ago. He first had a severe cold, and shortly this pain in the stomach began. Much flatulence and pain soon after

solid food was taken, and this was followed by vomiting. At times he would vomit after most meals; at other times he would go for two days without vomiting. On these occasions he would have more pain, and this was eventually relieved by copious vomiting. No blood brought up. Lost about two stones in weight in last three months.

On admission very much wasted. Emphysema, and dullness and puerile breath-sounds at right apex. Abdomen painful and tender on manipulation of the epigastrium. Most tender spot just to left of median line behind rectus and a little above the umbilicus. Here a small mass can be made out. There is also another tender spot at same level just behind right rectus. Stomach dilated. Succussion splash easily obtained. Bowels constipated; breath offensive.

Diagnosis of pyloric obstruction, probably carcinomatous, was made, and operation accordingly. This was done on July 7. A median incision between ensiform and umbilicus exposed the pylorus, which was extensively infiltrated. The anterior wall of the stomach was opened so as to explore the interior and the pylorus. This passage would not admit the tip of the finger, and did not yield to attempts to dilate. The extensive character of the disease, together with the feeble condition of the patient, did not admit of pylorotomy, so a posterior gastro-enterostomy was done, as in the preceding case, with a Murphy's button, but only three stitches were put in around the united buttons instead of a complete row as in that case.

There was no vomiting after the operation, and shock quickly passed off. Rectal feeding for twelve hours; after that food was given entirely by the mouth. The convalescence was much retarded by a severe attack of bronchitis, which caused considerable prostration, and brought the patient's powers to a very low ebb. Later, fetid expectoration began to appear. The patient left hospital twenty-nine days after operation, and since then has been under Dr. Green's care, who reports that so far as the stomach is concerned the patient is doing well, but the cough and fetid expectoration continue and give the patient much trouble.



The button was passed per rectum on the twelfth day without pain or discomfort.

The chief point in connection with these two cases to which I wish to draw attention is the method of performing gastro-enterostomy.

Hitherto, the anterior method has usually been employed. V. Hacker was the first to use the posterior method, and Barker in this country has lately reported three very successful cases of it, and it was after reading his paper that I came to the conclusion that it was by far the most satisfactory one.

Gastro-enterostomy, by means of simple suturing and without the aid of any kind of button or plate, is always a tedious operation, and from what I have seen of it the anterior method does not dispose me to regard it favorably, either when done with Senn's plates or otherwise. When a Murphy's button is used I think that it is essential that the posterior method should be used, for in no other way can we prevent the possibility of the button dropping back into the stomach. I venture to think that the posterior method is the operation of the future, and that when once English surgeons come to use it, it will gradually replace the anterior one. It is very easy and need occupy no more time than a pyloroplasty, if indeed it need take so long; for there is no absolute necessity to insert any sutures around the buttons if they have been firmly pressed to, and the slit in the bowel and stomach which holds them has been carefully closed, should it extend beyond the margin of the buttons.

Apart from the fact that this method nearly entirely does away with the danger of the button dropping into the stomach, it possesses another advantage over the anterior one, in that it largely does away with the regurgitation of bile into the stomach, which so greatly discomforts a patient in the anterior operation, even for some weeks after convalescence. It can be understood that when the jejunum lies in front of the stomach, bile, as it flows into the gut from the duodenum, has a natural tendency, especially if the patient is in a prone position, to fall back into the stomach, and this usually sets up most distressing bilious vomiting. When the gut is joined to the stomach posteriorly this does

not occur, and much suffering is thereby prevented.

It is usually considered advisable, in operations on the stomach, to wash out the viscus a short time beforehand. I can only say in reference to this that I have not found it necessary. It is an unpleasant proceeding for most patients, and if it can be avoided so much the better. If it is not done, and the stomach contains much fluid at the time of the operation, it does not take much time to empty out its contents directly it is opened, and if care be taken to pack sponges around so that nothing enters the abdominal cavity no harm can result.

Dilatation of the pylorus by stretching with the fingers, otherwise called Loreta's operation, has been confined to non-malignant stricture. As a remedy for this I do not expect that it will prove so good as pyloroplasty, for we all know how liable are such strictures, taking the urethra as an example, to contract again. As a palliative remedy in an otherwise inoperable case of malignant stricture I used it with much benefit to the patient. I do not know that this method has been used before for such a condition, so I will give a short account of my case :

It was one of carcinoma of the pancreas which had involved the duodenum and pylorus, and had caused intractable vomiting. The patient was a young woman of twenty-two years, and the history extended over twelve months. There was much dilatation of the stomach, and a firm nodule was to be felt in the right hypochondrium. The vomiting was incessant toward the last two months before operation, and wasting was marked; in fact, the patient was being starved to death, and just before operation it seemed as if her tenure of life might be reckoned in days.

The abdomen was opened and the pylorus found bound down to the pancreas by involvement in the malignant mass, which appeared to start in the pancreas and also formed a ring around the pylorus itself. Pylorectomy was out of the question, and so was gastro-enterostomy owing to the weakness of the patient not admitting of any prolonged operation. I therefore quickly opened the stomach and forcibly stretched the pylorus until it admitted the mid-

dle finger and tip of the index. Closure of the stomach and abdominal wounds completed the operation, which had the happy effect of rendering the remaining two and a-half months of her existence entirely free from vomiting.

I think that a review of the above cases will bring into prominence the urgent need there is of early diagnosis in stomach cases. Analysis of the stomach contents has done much to simplify the diagnosis of gastric troubles, and it behooves every physician to be thoroughly up to date in this matter; and, the existence of pyloric obstruction having once been established, no time should be lost in resorting to surgical measures, which are likely to be the more successful the earlier they are taken in hand. I may add that the above represent a consecutive series of cases of pyloric obstruction dealt with surgically, and that in none of them was there a fatal result from the operation; and it is satisfactory to know that in all life was prolonged and much suffering saved.



### THE LAW OR THE RULE.

By R. H. FIELDS, M. D., Rudd, Ia.

THE article in the HOMEOPATHIST of February 1 entitled "Homeopathic Theologians" I read with interest and approval.

My idea of homeopathy is that it is a system of therapeutics based upon the law that any drug administered in a sufficiently small dose will correct (cure) symptoms similar to those caused by the same drug administered to a healthy body in large or physiological doses. And my idea of an homeopathic physician is one who, having a thorough knowledge of medicine in all its branches, has decided that the right, and therefore the best, method of therapeutics is according to the homeopathic principle.

I don't know whether Hahnemann put it "curantur" or "curentur," nor do I care.

I don't care whether it was Confucius or Christ who gave us the Golden Rule. I don't care whether it was Samuel Hahnemann or some old-timer away back in the ages who discovered the law of similars. Nor do I care whether Hahnemann or Albrecht von Haller first told us

to prove drugs on the healthy that we might more intelligently use them on the sick.

But I know that Samuel Hahnemann *made the world listen* when he told it that the principle of "similia, etc.," was a *law*. And it was Samuel Hahnemann who *made the world listen* when he told it that the only way to learn to give drugs intelligently to the sick was to prove them on the well. And it was Samuel Hahnemann who led the way, amid cruel persecution, in the practice of his own teaching.

Now, I don't care whether Hahnemann was a Swedenborgian or a Hottentot. By calling the attention of the world to these facts he made his name immortal.

I practice medicine according to the law of similars as I understand it and am capable of following it. When I am incapable of following it, I use a placebo or a palliative.

And every physician of whatever school who has ever cured a case gives drugs according to the same principles that I do, either consciously or unconsciously.

He employs one of two methods, namely: palliative or homeopathic. Under palliative treatment the symptoms are masked or covered, and Nature effects a cure (in a favorable case) and usually takes as long a time as if no medicines had been given. All drugs may be used as palliatives, and are such when given in crude doses for their primary or physiological effect. Astringents, stimulants, tonics, sedatives, emetics, cathartics, emmenagogues, and on down the list—all are but palliatives.

No drug has ever *cured* a disease or a symptom when used in that manner.

Palliatives are all right in their place, and all of us are compelled to use them occasionally, but let us own that they are but palliatives, and not try to make ourselves believe that they do any thing toward effecting a cure. Strychnine may strengthen a weak heart, or rather the beats of a weak heart, but it never cured the conditions that made the heart weak. Acetanilid will stop a headache, but acetanilid never cured the conditions that caused the headache. Pepsin in indigestion, opium or chalk in diarrhea, iron in anæmia, are all the same. The same rule applies to all. As to mercury and potass. iod. in syphilis, quinine in malaria, arsenic in skin

diseases, and the rest of the "specifics"—all are homeopathic, as can be proven by studying their physiological actions in any allopathic textbook on the subject or their homeopathic provings.

And so, when we give drugs to cure symptoms similar to those they produce, let us own we are practicing homeopathy, whether we profess to be homeopaths or not.

I don't care how nor why ipecac. controls certain kinds of vomiting, nor how pilocarpine checks profuse perspiration, even if some authors take half a page or more trying to explain. The main fact is *they do it*, and if they do it they are homeopathic in those conditions, and all the explanations in the world won't alter the fact.

Some facts relative to homeopathy make bitter pills for allopathic physicians to swallow. But they must come to it eventually, and they may as well do it gracefully.

It is best to call a spade a spade.



### SOME HOMEOPATHIC A'S.

By E. FORNIAS, M. D., Philadelphia.

What are the indications for aloes in dyspepsia?

Flatulent distention and painful aching in region of stomach, with acrid, rancid eructations; sluggish digestion; abdominal plethora; constipation and hemorrhoids. Passage of much hot offensive flatus relieves pain in the abdomen.

Give the diarrhea of aloes.

The stools are lumpy, watery, or bright-yellow, bilious; often scanty and easy; urgent, with escape of much flatus. They may occur early in the morning, driving out of bed (sulph.), always attended by an immense expulsion of flatus, and by a sense of insecurity of the sphincter ani. The patient dreads the emission of flatus, or to pass water, lest the least exertion should move the bowels. Immediately after eating or drinking (colo.).

Give the rheumatism of abrotanum.

High fever, troublesome cough, pain across chest, sharp and severe in the region of the heart. Inability to move arms; legs only with difficulty; very lame and sore all over;

piles appear, and become worse as the rheumatic pains abate. Painful inflammatory rheumatism before swelling. From suddenly checking diarrhea.

Give the marasmus of abrotanum.

The child is cross and depressed, with pale, wrinkled old face (opii.); frequent colicky pains; alternate diarrhea and constipation, lientery; distended abdomen, hard lumps here and there in the abdomen; emaciation, especially of legs; skin flabby and hanging loose; ravenous appetite while emaciating. Very weakening hectic fever.

Give indications for abrotanum in chlorosis.

Anxious and depressed; blue rings around dull-looking eyes. Disturbed digestion; distended abdomen; small and weak pulse; pale face; painful or suppressed menses; gouty pains in wrist and ankle; fugitive pains in shoulders; numbness in fingers, and cold feet.

Give the indication for acalypha indica in hemoptysis.

In obstinate cases with emaciation, slow fever, and depressed pulse. Severe fit of dry cough, followed by spitting of blood. (Rhus: bright blood.)



### Cheap Cure for Appendicitis.

This paper is a protest against the current surgical theory and practice that all cases of appendicitis must be split open. This protest is based on twenty-seven years' experience as physician and surgeon, including services in three hospitals, one Western fort, five years in mining surgery, five years in railroad surgery, twelve years in general practice on the central western plateau of Minnesota, and four years in this great city, which—unique in the speed of its rise, unique in the snap of its people, unique in vast tributary territory and population—is decreed by the fates to be the hub of the earth in the near-by future.

My experience is that appendicitis and all other bellyaches for which men now operate



are promptly amenable to proper medical treatment. I can recall one hundred cases treated with symptoms of this malady—or of typhlitis or perityphlitis, as it was formerly called—but I have never yet met a case of it in which I felt it was my duty to cut, or which terminated fatally. Influenced by the prevailing craze to cut, time and again, in coming to new cases of this kind, I have thought: "Now, sir, your time has come; in this case you must cut." But, presto! simple medical treatment again availed. Later on I shall cite other unimpeachable practitioners who share my views that medical treatment avails in this malady, one showing forty-nine out of fifty-one cases successfully treated—being more than ninety-six per cent.

My treatment for appendicitis is free calomel and soda purgation, supplemented by hot applications to be followed by a saline if action is too slow.—DR. HUTTON, *in the Medical Record*.

### *The Hot Dry-Air Treatment of Rheumatism.*

An editorial in the *International Medical Annual* criticises this revival of a method as being generally useless and harmful in regard to permanent effects. The excessive or long-continued application of dry heat, he says, tends to destroy the functional activity of the skin, and impairs the nervous mechanism of the joints. A more simple, convenient, comfortable, and efficient application of local heat than can be made by any of the patented appliances is as follows: Six thicknesses of flannel of convenient size are sewn together; these are wrung out of water at 120° F., and wrapped around the joint; over this is placed a hot-water bottle filled with water, and the whole secured with a flannel wrapper.

[Here seems to be a very efficient substitute for the hot-air bath in a cylinder. What this editorial says concerning the action of dry heat seems reasonable. Will someone having tried this hot-water treatment kindly report pro success—or failure?]

### *Topical-Nutrition Treatment.*

I saw in a journal someone recommended the skin of an egg in felons. I used to hear it recommended when a lad, but never saw much benefit from it. For the last fifteen years I have used the whole egg, and have yet to see a case it will not cure, if it is a real bone felon. I use it thus: Take a fresh egg and crack the shell at the largest end, making a hole just large enough to admit the thumb or finger, whichever it may be, and forcing it into the egg as far as you can without further rupturing the shell. Wipe off the egg which runs out, and bind around the

whole a handkerchief or soft cloth; let it remain on over night, and generally your felon is cured; if not, make another application. I have yet to see the case where it has failed, and should be pleased to hear from anyone trying this where it has not cured.—DR. J. A. WHITMAN, *Beaufort, S. C.*

This is a partial application of the principle of hematherapy. The egg is next in vitality to the blood cell, and perhaps next to blood in the direct nourishment and repair of lesions, which is accomplished with such quasi-miraculous celerity by topical blood supply.—*Unidentified Exchange*.



## Correspondence.

115 East Thirty-seventh Street,  
NEW YORK, February 10, 1900.

To the EDITOR :

Kindly permit me to use your columns to ask such of your readers as may at any time have been in correspondence with the late Dr. I. T. Talbot of Boston, and have preserved his letters, to be so good as to send them, or copies of them, to me. It is proposed to prepare a fuller memoir than has yet appeared of that most useful life, and the editors of that memoir have requested me to collect for this purpose all letters of his that relate to his methods and his work. These letters will, of course, be returned to their owners.

Yours fraternally,

E. M. KELLOGG, M. D.



### CHRONIC DYSPEPSIA SUCCESSFULLY TREATED WITH H<sub>2</sub>O<sub>2</sub>.

By GEO. A. GILBERT, M. D.

A FARM laborer, æt. forty, applied for treatment on July 1, 1899. He was a strapping fellow, mostly skin and bones, of about 170 pounds' weight, and would not have been thought ill except for the prominent dark rings under his eyes, his injected conjunctivæ, and a drawn, hunted expression on his countenance.

Six years previously, on his voyage to this country, he suffered from an attack of acute gastritis, attended with retchings of the most violent character. Soon after landing he re-

covered sufficiently to attend to his work; but in all this long period he has not eaten "a good square meal," nor enjoyed what he has eaten, the burning pain in the epigastrium, after meals, becoming so great occasionally that for fear of its repetition he has gone without food for two or three days at a time. Belching of enormous quantities of gas, too, is common with him soon after eating, thus evidencing the presence of undigested food, with its resultant fermentation. The patient states that in order to get relief he has spent all his wages upon specialists, quacks, nostrums, etc., and swears that he is worse to-day than on the day he first landed in this country.

He was slightly feverish, pulse rapid, tongue flabby and heavily coated, while the teeth and entire cavity of the mouth were covered with a foul-smelling, sticky mucus. That the stomach received, in the process of starch digestion, little or no assistance from the salivary glands of the mouth was plainly apparent. In deciding on the mode of treatment it was obvious that lack of the usual amount of gastric secretion must be met by restoring the physiological conditions upon which the secretion depends. To relieve the inflammatory condition of the gastric mucous membrane and restore the function of the peptic glands, the patient was furnished with a flask of ozonized water, made of one part Hydrozone to four parts of water, and directed to wash out his mouth every night and morning, thoroughly cleansing the tongue, teeth, and gums. To destroy the microbic elements of fermentation in the stomach and dissolve the tenacious mucus there, a mixture of one ounce of Hydrozone with two quarts of sterilized water was made, and half a tumblerful directed to be taken half an hour before meals. Having thus procured a clean surface in the stomach, the patient was advised to take immediately after meals a dram of Glycozone, diluted in a wineglassful of water, for the purpose of enhancing cellular action and stimulating healthy granulations. He was ordered to select his food with care and eat regularly.

The result of this simple procedure was magical. Although for the first two or three days there was some discomfort after eating, this soon disappeared, and at the end of a fortnight the patient reported that he was able to eat his meals without dread of subsequent distress and eructations of gas. (In the opinion of the writer the fermentation was thus quickly subdued by the rapid oxidation resulting from the liberation of nascent oxygen.) The treatment was continued for another month, and then gradually abandoned. On September 1 the patient weighed 185 pounds and believed himself to be completely cured.—*N. E. Med. Mo.*

### ANNUAL REUNION OF THE ALUMNI ASSOCIATION OF THE HAHNEMANN MEDICAL COLLEGE, PHILADELPHIA, THURSDAY, MAY 17, 1900.

The Annual Reunion and Banquet of the Alumni Association of the Hahnemann Medical College, Philadelphia, will be held on Thursday, May 17, 1900.

The Business Meeting will convene at 4.30 P. M. in Alumni Hall, Hahnemann Medical College, Broad Street, above Race, Philadelphia, and the Banquet will be held at 9.45 P. M. at Horticultural Hall, Broad Street, above Spruce.

The Trustees and Faculty of the College extend a cordial invitation to all the members of the Alumni and their friends to attend the Fifty-second Annual Commencement, to be held on the same evening, at 8 o'clock, at the Academy of Music, S. W. corner Broad and Locust Streets, Philadelphia.

W. D. CARTER, M. D., '94, Secretary,  
1533 South Fifteenth Street,  
Philadelphia.



### Globules.

The Third Annual Practitioners' Course of the homeopathic department of the University of Michigan (Ann Arbor) will be held April 23 to May 4. Dr. J. M. Lee of Rochester, N. Y., will give a clinic in abdominal surgery and a lecture on The Limitations of Surgery. Dr. Frank Kraft of Cleveland will give two lectures on The Three Blood Sisters—arranged from belladonna, stramonium, and hyoscyamus. Dr. John C. Nottingham of Bay City, Mich., will discuss the Therapeutics of Kidney Diseases.

A writer in the *Medical Brief* gives a pretended prescription for a drunkenness cure. He takes good care to so mystify his prescription and surround it with shop and pharmacy talk as to make it useless to the physician. We wrote a note to this author and received in reply a promise that a future article in the *Medical Brief* would deal with the subject further. But where was the need for an honest contributor to cloud his pretended information? Why not out with it and done?

Dr. George G. Biggar of Geneva, Ohio, died on Monday, February 12, of consumption. Dr. Biggar had been in failing health for several

years ; notwithstanding this he continued in the rounds of his professional duties until a few days before his decease. He was born in Smithville, Ontario, Canada, July, 1849. He came to Cleveland and studied medicine with his brother, Dr. H. F. Biggar, and graduated from the Homeopathic Hospital College of Cleveland in 1873. He married and removed to Geneva in 1876 and has resided there ever since. Dr. Biggar was a very popular physician and much beloved by those who knew him well.

The *Syracuse Clinic* appears in the new (Irish) dress for its February number. The "insides" continue bright and newsy.

The question of whether the American Institute of Homeopathy will come to Cleveland this coming summer is not yet definitely settled. We were misinformed formerly when we said that it was finally arranged. We sincerely trust that something may be done with the Hahnemann Monument this year—for if it is not, the monument is dead !

We take this means of thanking our journalistic brethren for speaking so kindly of our contemplated European tour this summer. The trip *via* Montreal has caused some of our prospective associates to hesitate. But there is no real occasion for hesitation. Montreal is as accessible to the United States traveler as is New York. The railroad rate, by special contract, will be reduced to this party. The ocean trip is very nearly a thousand miles less than *via* New York. The sail down the St. Lawrence into the ocean is a charming one and a gradual accustoming of one's self to ocean travel. Besides all this, this party will be out of the accepted course of excursion traffic from New York ; it will not be crowded to death with travelers ; and being with a steamship company whose owners and agents are our personal friends, we are assured of good, first-class service. We are not to travel on an excursion steamer at excursion rates nor with excursion accommodations. Be wise in time and join this large family party and have a good time. Steamer berths are getting rarer every day and will increase in price. The round-trip fare for our tour, to be gone about fifty days, sailing end of June, visiting Liverpool, London, and Paris, and

intermediate points, will be \$300 per person, which includes railway, ocean, Channel, and hotel expenses.

Dr. W. A. Dewey of Ann Arbor has been appointed on the Legislative Committee of the American Institute of Homeopathy *vice* Dr. I. T. Talbot, deceased. A very excellent appointment. Would that some of the other appointments had been of the same order of merit.

The death of Dr. E. C. Morrell of Norwalk, Ohio, which occurred on January 9 last, will remove a very sharp thorn from the side of the Ohio State Medical Law. Dr. Morrell had successfully fought this law through three lawsuits, and was ready to go on with them still farther. Dr. Morrell died while visiting a patient—died in his carriage. He was an eccentric personage, but with all his peculiarities much beloved by those who knew him well.

A joint resolution granting permission for the erection of the Hahnemann Monument in Washington was passed by Congress January 29. So says the *Critique*. But it does not say anything about the appropriation for a site, nor where that site shall be. There's a sight of difference between the two.

Death has been unusually busy in our profession in the past year. This issue chronicles the decease of several of our good men, and now we must add another in the name of Dr. A. Cuvier Jones, formerly of Missouri. He died in Tucson, Ariz., October 25, 1899. Once before the *Medical Century* and this journal published his death, which proved to be a false alarm. This time it is true, and we mourn a good friend and brother. Our first clear knowledge of him came about when he was Secretary of the Missouri Institute. It was he who gave that institution a boost upwards that did not wholly spend itself for several years following his removal to Colorado. He was an indefatigable worker. He originated the programme, which became so popular afterward, of inviting eminent men of the profession from other parts of the country to visit or, at any rate, contribute valuable papers to the programme. He was the soul of enterprise and enthusiasm. But his mantle went with him. It did not descend upon anyone after his retirement from Missouri. Despite



the wonderful record made during his time, the Missouri Institute seemed to fall away and became but as an ordinary State Society with an ordinary annual meeting. At one time this institution was a promising rival of the great American Institute of Homeopathy. Its meetings were attended by great numbers and its papers and discussions became noted and extensively copied. We shall all miss poor Dr. Jones. He was a good man, a hustler, and a conscientious physician.

**Dr. Carleton B. McCulloch**, Secretary of the Indiana Institute of Homeopathy, has issued a Preliminary Announcement for the Thirty-fourth Annual Meeting, which will be held in May.

We hear with great sorrow of the death of our esteemed friend Dr. A. R. Wright of Buffalo, which occurred on the 25th of February. Dr. Wright, who had been ill for a long time, went to Chicago and put himself under the care of the famous Dr. Nicholas Senn; but owing to his great age—seventy-four—he did not survive the treatment. All this we gather from a morning newspaper. Dr. Wright will be missed by the profession whose leader he was during his Presidency of the American Institute of Homeopathy.

**Dr. N. Emmons Paine** of The Newton Nervine, West Newton, Mass., has printed and published and mailed us a copy of the Laws Establishing State Homeopathic Hospitals in New York, Massachusetts, and Minnesota. This is a handy little leaflet for those contemplating the establishment of a like institution in their own State. Ohio for instance. Which reminds us to say that the *Medical Visitor's* thrust at Ohio for not having any representation in any public eleemosynary institution is just and well-deserved. In Ohio we seem to be more concerned to raise the standard of medical education so that our students will have a few years more of nonsensical studies in order to obscure true medical teaching and also make it harder to pass the State Medical Examination Board; while the Three-Day men and the other light-fingered medical gentry, with or without diplomas, are permitted to graze to the full upon the unsuspecting citizens. This raising of the standard is a great scheme—when you are inside

the firing line and are not in imminent danger of being reached by the legislation, but the rather improved as to your prospects by such legislation.

**Dr. A. R. Morgan** of Waterbury, Conn., whose "Repertory of Urinary Organs" we reviewed in a recent issue of this journal, objects to our criticism of his ex-membership in the American Institute of Homeopathy. From a letter received we gather that his reason for appending his ex-membership was not of a flaunting or offensive nature, but done for reasons which appeal to us as proper. We have to say that we still believe Dr. Morgan's book an excellent one and worthy of a place on the working shelf of every good homeopath.

We note with much sorrow the announcement of death of our former assistant stenographer for the American Institute's sessions, Dr. W. W. Stafford of Chicago. Dr. Stafford was operated upon for appendicitis during the early part of 1899, from which operation he never fully recovered. There was some trouble about union by first intention of the wound, which took on a pyæmic form. He was able to be up and about at his practice, and for a time, as he wrote us, he was hopeful of being at Atlantic City in his usual chair as stenographer. But he did not come. He ultimately went West to Colorado,—to Denver,—and there during the last month—January 9, 1900—he died; he was buried in Parsons, Kan. Dr. Stafford was an able stenographer and was especially reliable because of his excellent knowledge of men and of medicine. So many of our assistants in former years were stenographers and nothing else. They were word-catchers, but lacking in ordinary judgment; their copy caused us more trouble than if nothing had been written beyond what could have been caught by a rapid long-hand writer. Having concluded to withdraw from the office of Recording Secretary of the Institute, it was our wish that Dr. Stafford might take up the work for the reasons intimated herein and for others equally potent; but his continued illness negatived this design. Of his professional skill we know but little, though he had always borne an excellent reputation as physician and surgeon. He was a popular lecturer in Hering College and was for a time its Registrar. Those who remember his

robust body, his genial ways, his ever-happy manner will wonder how it was possible that he could be taken in the very heyday of life. Verily, verily Life and Death are unfathomable mysteries! Farewell, a long farewell to our departed brother.

We have a fine paper upon our table on "Opium Addiction" by Dr. Amos J. Givens, superintendent and proprietor of Dr. Givens' Sanitarium, Stamford Hall, Stamford, Conn.

The remains of Dr. William Gaylord of Sandusky were laid away in Oakland Cemetery January 6. Dr. Gaylord was well and favorably known throughout Ohio and Indiana, and he will be missed by his large practice. He was given a Knight-Templar burial.

The Luyties Homeopathic Pharmacy Company of St. Louis notifies the profession that it has reconsidered its determination to make Cleveland one of its branches, and has now removed its Cleveland department to Chicago, where there is a larger field for its activities.

The President of the Missouri Institute of Homeopathy, Dr. L. G. van Scoyoc, notifies us that the dates of the next annual meeting of the Missouri Institute are April 17, 18, and 19, and asks that the profession take due and timely notice. He promises an interesting and instructive session for the good of homeopathy.

The latest ad. picture of the popular Antikamnia Company is very pretty, as have been all preceding ad. pictures. Someone in the employ of that wide-awake company understands the proper thing to do with advertisements both as to wording and as to pictures. They are always apropos and attractive. No wonder the profession has a warm spot for its products: they are never out-of-date.

The Raven, a yellow-backed, red-curtained magazine published in St. Louis, now in its fifth volume, says it is a Literary Magazine for Busy Doctors. But we question the necessity for dragging in that later statement. We have seen two or three of its numbers, and while we admire its trenchant blade, Toledo trusty, we do not see what relation it bears to medicine in any of its departments. It is a very snappy, original journal and will serve to while away a dull half-hour. The last issue carries Mellin's Food.

Antikamnia, Hayden's Viburnum Compound, and Tongaline; but this alone would not constitute it a magazine for busy doctors.

A laughable incident happened in the life of our business manager. A letter was received from a subscriber refusing to continue his subscription, with reasons assigned, and threatening if journal continues to come to put the matter in the hands of an attorney. The funny part consists in that the subscriber has paid in full to December, 1900, and had evidently forgotten it.

The Farbenfabriken of the Elberfeld Co. of 40 Stone Street, New York, notify the profession through its journals that imitations of their products are being foisted on the trade through unscrupulous pharmacists and others. They ask that the physician assure himself that when they prescribe the preparations of this firm they receive the genuine.

"The Treatment of Cancer by Its Own Toxines," by P. J. McCourt, M. D., of New York, being a reprint from the *Medical Review of Reviews*, lies upon our table. This was a paper read before the Section on Obstetrics and Gynecology of the New York Academy of Medicine November 23, 1899. The title clearly states the purport of the paper, and which a thorough reading emphasizes as well done and worthy of reprint.

We have just received a report, published for the information of the trade by the American Grocer Publishing Co., which deals largely and learnedly with the adulteration of baking powders with alum. But it utterly fails to add anywhere whose baking powder they are trying to throw down, or whose special brand is without alum. Perhaps this will come in a later mail. So far as we can make out from a consultation with our cook the baking powders are all about the same. Some may come a little cheaper, perhaps because they do not spend so much money in proving all the other baking powders full of alum.

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#### The American Homeopathist.

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A. L. CHATTERTON & CO., Publishers.

# The American Homeopathist.

MARCH 15, 1900.

FRANK KRAFT, M. D., CLEVELAND, OHIO, EDITOR.

## OUR PORTRAITS.



J. ARTHUR BULLARD, M. D.,  
(Hahnemann, Phila., 1872)  
Wilkes-Barre, Pa.

## THE NEWSPAPER IDEA.

AN editorial from the pen of the present editor of *The Clinique* outlines the policy of that journal. We were attracted by the statement that *The Clinique* would not indulge in any newspaper ideas. That means that some journals do. Of which we are doubtlessly some. But is there no field in the great field of homeopathic medicine for the newspaper idea? Of course we have no thought of the "yellow"

press idea. But to chronicle those sayings and doings of a busy profession, which have no business in a daily paper, must certainly be proper. We have found it so, at any rate. The instruction of the profession through its journals is laudable. But almost every journal in the land, even the pharmaceutical journals, with their "largest circulation in the world," have no other professed and actual purpose than to instruct the profession. One tires, after a while, reading these instructive journals, which so often degenerate into accepting long and learned papers from very young men in the profession, or those from specialists who find swans where other of the more practical practitioners find only very ordinary geese. It is a large question how many of the more ponderous of our journals are read from cover to cover because of the information, from a professional standpoint, they may contain. There is a good deal in the practice of medicine which does not have to do with the indicated medicine or the technique. Many times questions as grave if not graver than the mere details of the trade are to be discussed and shown up in their proper light. This, in our estimation, is the true newspaper idea, and we do not believe it can be well omitted from a modern medical journal. *The Clinique*, under the pen of its late editor, was latterly drifting into a discussion, editorially, of men and things which was promissful of a larger usefulness for that journal. We hope its present administration will not take a step backward and make this excellent journal a mere record, in the main, of the doings of Hahnemann Medical College of Chicago. Indeed, Editor Halbert has repeatedly, since his advent, given the profession reading matter that was appreciated; but if the journal now decides to go back to the



mere clinical, it will require very little of its editorial chair beyond a crazy-quilt talent—the arranging of the clinical data for publication.



### THE CORNER-STONE AGAIN.

BECAUSE we have on several occasions had somewhat to say, editorially, concerning materia medica not being the corner-stone of Homeopathy, a recent graduate in Chicago,—and a lady, too, by the way,—waited until the end of the fiscal year, then, when dunned by the publishers of this journal for her subscription, dropped it with a sharp and disagreeable thud, alleging for cause our apparent lack of veneration for the afore-mentioned stone. The matter being referred to us by our publishers, we penned a note of inquiry to this lady-doctor of Chicago, and, four or five days after, our letter was returned to us unopened, in the lady-doctor's business envelope, addressed in her delicate corner-stone-loving caligraphy. From which we infer that some other cause than that assigned to our publishers moved this gentle lady-doctor to cut off her subscription. What man would think of stooping to this manner of personal affront in answer to a mere business letter? He would have ripped the letter open, read it through just to see what that blamed-fool editor had to say about it, then drop the whole thing in his waste-basket. But a lady, a graduate of a homeopathic college, with whom this editor is not acquainted, whose name he cannot find in any existing homeopathic directory, nor among the membership of the American Institute of Homeopathy, the I. H. A., nor of any other homeopathy-loving and corner-stone-worshipping society to whose records he has access,—this refined lady stoops to this in order to teach editors to behave themselves when dealing with corner-stones. We have not inquired of our distant publishers whether this lady-doctor of Chicago is of the number to whom a few years ago, as a member of the then senior class, we sent a year's subscription free; but likely enough she is. What a simple matter it is to cut off your subscription without going into heroics or hysterics; besides how much nicer for a future day, for a recent graduate, not to throw stones (corner, rejected or other

kinds) at an editor, when your quarrel is with the box-office a thousand miles away.



### Materia Medica Miscellany.

Conducted by J. WILFORD ALLEN, M.D., 110 West 12th Street, New York.

#### *Iodide of Stannum in Tuberculosis.*

Dr. Oliver S. Haines, as reported in the Critique, thinks iodide of stannum often preferable to stannum for tuberculosis. He uses it where the patient has a clear complexion and long eyelashes, and where the progress of the disease is rapid. He reports a case where the iodide was used in the 2x where there was "a marked tubercular affection of the chest, increased vocal fremitus, an abundance of thick, yellow, and sweetish sputum, sweat at night, and rapid emaciation." He considered the results of the remedy as most encouraging.

#### *Apocynum Cannabinum*

Has given Dr. W. C. Hatch<sup>32</sup> of New Sharon such good results in chronic hepatic disorders, in dropsy from various cases, and as a laxative, that he says he would regard his office stock of medicines incomplete without a supply.

The author states that apocynum cannabinum in proper doses is a heart tonic of no mean value, regulating and strengthening the action of that organ. It tones up the blood-vessels, thereby arresting the exudative process on which dropsical effusion depends; stimulates the kidneys to action, and favorably influences absorption, thus relieving dropsical effusions. Small doses favorably influence the hepatic functions and exert a favorable influence over the digestive organs and functions. Its influence on the entire alimentary canal is marked, and in small doses, frequently repeated, is a valuable laxative in certain conditions.

Under its use, the author states, he has seen a week, irregular heart-action succeeded by a strong rhythmic pulsation, and dropsical effusions vanish quickly. He prescribes it in scarlatina anasarca, and anasarca associated with albuminuria, having obtained gratifying results. In the latter class of cases he deems it advisable to alternate it with fluid extract of convallaria majalis, in 1- or 2-drop doses.

**THE DOMINANT TREATMENT OF CHRONIC DISEASES.—WITH SALTS OF GOLD.**

By B. F. UNDERWOOD, M. D., Ridgefield, N. J.

**A**LWAYS insidious in their onset, rarely recognized until the organism has been almost hopelessly damaged; slow in their progress, yet always tending steadily onward toward a fatal termination; the grave systemic disorders—cancer, tuberculosis, diabetes, albuminuria, etc.—are alike also in that underlying them all there is a constitutional dyscrasia or abnormal condition of the system—the primary or predisposing cause of the disease. Imposed upon this—the dark background of the picture—the pathological conditions peculiar to each morbid entity stand out in bold relief.

To effect a cure in these diseases it is necessary, therefore, to treat not only the symptoms of the disease, but the underlying morbid taint as well; and the dyscrasia or constitutional defect becomes a factor of importance which must receive due consideration in any method of treatment. There are therefore, in the treatment of these grave chronic disorders, two indications which have to be met: first, of prime importance, the correction of the systemic dyscrasia by the dominant or organic remedy; and secondarily, the removal of the pathological condition caused by the disease, through variant or symptomatic medication.

We are indebted to Dr. D'Oliveira Castro for the conception of the idea of the dominant and variant treatment of disease, understanding thereby, as dominant, treatment directed against the type of disease, which is unvarying, the same in all cases; and the variant, which changes to meet the varying conditions and symptoms arising in the course of the disease.

The variant remedy, adapted to the pathological conditions or changes wrought by the disease, however skillfully chosen, is in general simply palliative, rarely curative. This fact is familiar to all physicians who have treated these diseases and have seen how frequently the remedies prescribed for the symptoms have relieved the symptoms, but have utterly failed to stay the course of the disorder, as, for example, in phthisis, where the remedies prescribed against the cough have alleviated, almost removed it;

where the indigestion, diarrhea, pain, etc., have all been assuaged by the appropriate remedies, yet the disease has gone steadily onward to a fatal termination. The underlying disease-producing condition had not been met.

In the case of tuberculosis this indication was supposed to have been met when the bacilli of Koch were discovered and microbicides employed to destroy them. The error in this case was in regarding the bacilli as the cause of the disease instead of looking upon them as being, as they actually are, an incident. The cause lies far back of the bacilli, which are pathological, not ætiological.

In the same way, the treatment of all these disorders based merely upon pathological or disease changes is unsuccessful, as the primary cause still continues to operate.

However much, since bacteriology has dominated ætiology, individual hereditary tendency toward certain diseases may be disputed and the facts denied, the clinic nevertheless furnishes an overwhelming preponderance of evidence in favor of the inheritance of a constitutional defect or taint which predisposes to the development of the grave systemic diseases. This is markedly the case in tuberculosis, cancer, and in a somewhat lesser degree in diabetes, all of which run, it is said, to families, and appear to be due to a constitutional defect—hereditary or acquired, and which is transmissible—of the nervous system, and particularly of the sympathetic or glanglionic system.

As a rule, we may say that all of the grave chronic diseases which so seriously menace life have their origin in a perversion of nutrition: metabolic derangement—in other words, in the disturbance of the equilibrium between organic waste and repair: a disturbance of the functions controlled by the sympathetic nervous system.

A study, in this connection, of the ætiology of diabetes may serve to throw a little light upon this subject of the causation of disease. Up to a very recent period the ætiology of this disease has been shrouded in mystery, as each seeming cause appeared upon investigation to be merely the effect of a still preceding cause. As regards diabetes it was well understood that there were certain predisposing conditions which favored its occurrence; that a gouty diathesis

avored its development, that race and heredity played an important part in its production, and that persons of a neurotic temperament were especially liable, but all this was merely incidental and indirect.

The researches of Bernard, who was amongst the first to systematically study the disease, led him to regard the liver as being the seat of the lesion—a change in the functional activity of the gland: one of the functions of the liver being in his opinion the transformation of the sugar ingested in the food into glycogen, and when this function was impaired or lost diabetes followed. This functional activity he believed to be under the control of the nervous system, which explained the occurrence of the disease after injury to the brain or spinal cord. Advancing a step farther, Seeger and Bruce regarded the production of sugar as a function of the liver, sugar being continually formed during health from the peptones absorbed from the alimentary canal. Diabetes in its severe form they therefore held to be an increase of the destructive power of the liver upon proteids; in the milder forms, to the suspension of its power to convert the sugar into glycogen; in either case, the sugar entering the general circulation in larger quantities than the organization was able to take care of.

Concerning the part played by the congestion of the liver in the genesis of disease, Dr. Regnault says: "The liver whose cells do not properly perform their functions ceases to produce glycogen and allows the saccharine amyaceous matters to pass without utilizing them."

While these views are all correct as far as they go, they still throw but little light on the actual cause of diabetes, and further investigation showed that each assigned cause was merely a link in a chain of causation. It was not until about two years ago, at the Medical Congress held at Lyons, that these various links were joined together and any real light thrown upon the ætiology of the disease. At that time the results of the observations and experiments made by Messrs. Volvering and Witouski upon the lower animals were reported, and it was shown that complete ablation of the pancreas caused glycosuria, although if a portion of the gland were left diabetes did not occur. From

these experiments the conclusion was drawn that the pancreas elaborated a secretion which was thrown into the circulation and which possessed the property of destroying the sugar in the blood. Through the action of this secretion the excess of sugar in the blood was destroyed and the quantity kept at a uniform rate. This deduction was confirmed by the histological examination of the gland by Professor Renaud, who found that the secretory ducts of the pancreas were disposed in such a way as to carry the secretion internally, that is, into the blood-vessels, and not externally, into the intestinal canal. From his experiments Professor Lepine believes that the secretion contains a ferment which he calls glycolic.

From the light thus thrown it would appear that the functional activity of the liver is regulated by the ferment thrown into the blood by the pancreas, and that this action is under the control of the nervous system, which regulates the production of a greater or lesser amount of the glycolic ferment, according to the amount of sugar in the blood, and when this nervous control is disturbed diabetes follows.

The pathology of diabetes is therefore much more complex than was formerly supposed. The disease is more nervous than glandular, and no organic changes in the liver or other glands can be established at the outset; it is not until the last, at the same time as the kidneys have become disorganized, and for the same reason,—excessive use,—that organic lesions of the liver are found. The functional nervous lesion affects the pancreatic rather than the hepatic gland, and probably extends to the entire ganglionic system.

As a conclusion we are therefore justified in regarding diabetes as being due to an alteration of the pancreatic gland owing to a lesion of the nervous cells; or, in other words, diabetes is essentially a nervous lesion—a loss of equilibrium in the ganglionic centers of the sympathetic nervous system.

This brings us, in a roundabout sort of way, to the conclusion that the actual underlying predisposing cause of diabetes—as well as of the other grave chronic diseases—is to be sought in the defective action of the ganglia of the organic nervous system, which control the



functions of organic life. When these centers are intact, in a normal condition, the great vital functions are properly performed, the organism is in a condition of health, and disease fails to find the opportunity of development. When, however, from any cause the great sympathetic centers are disturbed and their power impaired, the vital tone is lowered and the seeds of disease find lodgment and a soil suited to their development. In the words of Professor Wilder: "But they [atmospheric and telluric causes] would be perfectly innocuous if individuals were not in a condition which renders them susceptible to the morbid influence. A person in perfect health never contracts a disease. Right here, however, comes in the matter of maintaining such a condition. The physical seat of our vitality is in the nervous system. When the tone of the nervous system is lowered, and here is meant more particularly the sympathetic or ganglionic system, the various functions of the body are but ill performed. Then there is a susceptibility to whatever epidemic or morbid influence may be predominant."

This, while interesting perhaps, would have but little practical value if it did not furnish the clew to the treatment of the disease by remedies which, by restoring the nervous tone of the sympathetic ganglia, places the organism in a condition to resist the atmospheric, telluric, or other causes of disease—in other words, if it did not guide us to the selection of the dominant remedy, which must be sought among the deep-acting remedies; that is to say, in the medicines which influence nutrition and the organic functions of the body. As the primary cause of the condition is found in the disturbance of the nervous equilibrium, due in nearly all cases to the exhaustion of the nerve centers from excessive use or defective assimilation, it follows that we should expect to find in phosphorus one of the most effective remedies for this condition; which has been clinically confirmed by the beneficial effects of phosphorus, and particularly of late the glycono-phosphates, which supply the phosphorus in a readily assimilable form.

The phosphorus, however, serves more as a nutrient than as an active agent provoking remedial changes, and a more potent drug is required, the most successful of which I have

found to be gold, which, in combination with glycono-phosphoric acid, has proven most effective. A study of the pathogenetic symptoms of gold will show its similitude to this condition and the clear indication for its use.

Continued experiments and clinical usage, which it is unnecessary to give in detail, have led to the combination of gold-glycono-phosphate with the normal serum salts in a form adapted to cataphoric medication which has proven to be the most effective dominant remedy in these grave disorders. Clinical usage showed that the best results are obtained by carrying the remedy, by the aid of the electric current, directly to the ganglia of the affected region, thus avoiding the passage of the remedy through the digestive tract and its more or less complete disintegration.

It is unnecessary here to dwell upon the manifold advantages obtained by carrying the remedy by the aid of the electric current directly into the circulation, or, as need be, into the deeper tissues and to the affected ganglia. Not only does the remedy enter the system unchanged, but as, with the passage of the current, ozone, or oxygen in a nascent condition, is disengaged at the positive pole, the remedy becomes vitalized, if I may so express it, and is put into an active state, greatly increasing its effectiveness.

Combined with this, the dominant remedy, the variant treatment as indicated in each individual case will not only relieve and palliate, but cure.



### **NOTES ON SENILE HYPERTROPHY OF THE PROSTATE AND ITS TREATMENT, ESPECIALLY FROM THE DRUG SIDE.\***

By DUDLEY WRIGHT, F. R. C. S. Eng.

Assistant Surgeon and Surgeon for Diseases of the Throat and Ear to the London Homeopathic Hospital.

**I**N dealing with patients suffering from senile changes in the prostate it not infrequently happens that the question is put to one in the early stages of the disease: Is the malady likely to increase, and will it eventually end in my having to lead the so-called "catheter life"?

The answer to this question must largely

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depend upon the individual experience of the practitioner of whom the question is asked. One, while wishing to avoid depicting too gloomy a future, will not give any great hope of lasting benefit from treatment; whilst another will perhaps give an unqualified negative. For myself, my own experience leads me to say that, provided the patient will pay careful attention to certain directions, which are easily followed, and will submit himself to occasional inspection, the dreaded advance of the disease, and the annoying and often dangerous sequelæ attendant thereon may, in a large proportion of cases, be held permanently in abeyance; and amongst other things I shall endeavor to point out in this communication how such a result may be obtained.

The expression, "hypertrophy of the prostate" suggests a gland more or less enlarged in all its dimensions, and with each of its constituent tissues increased to an equal extent, leading, according to the amount of enlargement, to partial or complete blocking of the outlet of the bladder. Now, there is no doubt that this conception of the disease is misleading in the extreme, and it is essential to emphasize the fact that the changes which take place in the senile prostate vary within considerable limits, and that an appreciation of this fact and the endeavor to ascertain the exact nature of the change in each individual case will do more to aid us in treating such than if we merely carry in our mind's eye the crude idea expressed by the term "senile hypertrophy." These considerations are of the utmost importance, whether we deal with the subject from a medical or from a surgical point of view, and if they were borne in mind every time we had to prescribe for a case of this nature, more success would probably attend our efforts to prevent the progress of the disease.

Briefly, then, the prostate—an organ composed of masses of muscular bundles and much fibrous tissue, freely interspersed with blood-vessels, and containing much glandular tissue in its meshes—tends, roughly speaking, towards the fiftieth year of life, to undergo certain changes which lead to an increase in its bulk. These changes may effect a portion only of the gland, and one or more of its constituents. Thus,

we may have the middle lobe, or one or both of the lateral lobes, affected; and as regards the structure of the enlargement, we may have a fibro-myomatous tumor produced, in which fibrous tissue largely predominates; or, again, this development of vascular tissue may be in the ascendant, leading to a congested and quasi-cavernous condition of the organ; or, lastly, in rarer instances, a localized tumor of an adenomatous nature may occur, formed from a local overgrowth of glandular tissue.

It is obvious that such variations in structure demand for their cure different remedial measures. That which reduces the vascular turgescence will not be likely to cause a disappearance of an adenoma, and a prostatectomy which might be demanded for a pedunculated fibro-myomatous mass, which is particularly amenable to such a measure, would be an unnecessary, if not a hazardous, undertaking in the case of a turgid or congested prostate.

The clinical differentiation of these various changes becomes then a matter of primary importance, and upon such largely depends the outlook. Unfortunately, so little attention appears to have been paid to this side of the question that our task is one of no little difficulty. Nevertheless, both from the symptoms present and the results of local examination, we may gain some idea of the change which has taken place.

1. *The prostate enlarged chiefly through increase of vascular tissue and engorgement.*—This condition leads to less obstruction to the outflow of urine than the other kinds, at any rate, for a much longer time is this symptom in abeyance. The chief effects are those of irritation at the neck of the bladder, constant desire to pass water, which is worse at night, and occasional attacks of slight bleeding. This form is particularly liable to sudden aggravation by excess of any kind or a chill, and complete obstruction may then take place within a few hours, and attempts to pass a catheter, if done at all roughly, may produce copious hemorrhage. By rectal examination the gland will be found enlarged more or less uniformly, and its consistence will be softer than is usually associated with enlarged prostate. If a sound be passed into the bladder, and the finger in the rectum

be made to press the prostate against the instrument, this softness will be more easily appreciated. This form of the disease is much more amenable to treatment by drugs than any other. Cystoscopic examination will show a rounded and turgid gland.

2. *Fibrotic prostate*.—In this the fibrous or fibro-muscular element is in excess. It is common for this form to show a non-symmetrical development, attacking one lobe more than another. Obstructive symptoms are usually not long in developing. The stream of urine is very feeble. The symptoms of irritation are not nearly so marked in the early stages as in the former class, but if congestion is superadded from any cause, they will appear. As growth of the gland continues, a post-prostatic pouch develops, and urine in this tends to undergo ammoniacal decomposition and lead to cystitis. An enlarged middle lobe will cause early obstructive symptoms by blocking up the urethral opening, and the suffering produced very closely resembles that caused by stone, viz., sudden stoppage of the stream of urine and some bleeding.

Rectal examination will show to what extent the lateral lobes are enlarged, and their hardness will be marked. In the absence of the enlargement of these lobes as felt by rectum, and with the above symptoms present, a diagnosis of enlarged middle lobe may be made. A sound passed will show the urethral canal lengthened beyond the normal eight inches, and perhaps in passing along the sound will be pushed to one side or the other, the handle turning to the side on which the outgrowth is situated. If the beak of the instrument be turned downwards and gently withdrawn, it may hitch on the bar formed in front of the post-prostatic pouch.

3. *Adenoma of the prostate* is rarer than either of the above. It may form a localized tumor, which can be felt in one of the lobes by rectal examination. The amount of obstruction caused by it depends largely upon its situation. If well away from the middle line in one lateral lobe, this may be slight.

It is convenient here to say a few words on certain symptoms which may occur during the course of the disease, and of these none is so constant, or so early in its appearance as in-

creased desire to pass water. This symptom is usually first noticed in the early morning hours. Between 3 a. m. and the rising hour, the patient may have to get up many times to micturate. Now this cannot be caused solely by the enlargement which is taking place in the gland, for we have a similar symptom in the case of chronic congestion of the prostate in younger men, where but little enlargement is present.

It is probably largely a reflex symptom, caused partly by the vascular turgescence and partly by the increasing pressure of the accumulating urine on the tender bladder neck and prostate. This symptom is usually the first to draw the attention of the patient to his bladder, and of such early cases there are very few that will not get great relief from a course of picric acid.\* Even when the frequency exists all through the night this remedy will usually much reduce the desire, and add greatly to the patient's comfort by enabling him to gain a good night's rest.

To quite another category belong those cases of frequent micturition, in elderly prostatics, having as a cause a contracted bladder. Here, previous cystitis has left the mucous membrane and muscular fasciculi of the viscus in a stiffened and contracted condition. The bladder will represent a quantity of urine beyond 2 or 3 ounces, so that where more than this has accumulated urgent desire to pass it comes on. These cases are most troublesome, but, bearing in mind that the condition we have to deal with is one of past inflammatory deposits, mercurius in one of its forms is distinctly indicated, and will give much relief, especially if cleansing the bladder with some mild antiseptic be effected. Such cases one can easily distinguish by the fact that a history of chronic cystitis is obtainable.

A bladder in such a condition never distends above the upper level of the symphysis, and if much fluid be injected into it sub-peritoneal rupture is very liable to occur, and we should thus be extremely careful, in washing out such bladders, to avoid distending them.

Lastly, a word on incontinence of urine in prostatics. This is mainly caused by a prostate enlarging irregularly, the process exerting trac-

\* Formerly I largely used ferrum pic., but I have had as good, if not better, results from the acid, which I usually prescribe in the 3d cent. or 3d decimal solution.



tion upon the vesical outlet and interfering with its due closure. Let not this condition be mistaken for overflow; that is, overflow from an atonic and distended bladder. To distinguish the one from the other, percuss out the bladder region of dullness above the pubes, and the distended bladder will then clearly manifest itself. Such a case will need relief by catheter, but it is as well not to draw off much of the water on the first occasion, for it might be attended in an elderly man with alarming or even fatal syncope, and if only half the quantity be first withdrawn it gives the bladder a chance of contracting on its contents and regaining a certain amount of its lost tone.

### III.—HEMORRHAGE IN PROSTATIC CASES.

Bleeding from the enlarged prostate is not an uncommon symptom, and its gravity depends largely upon the exciting cause.

In cases of congested prostate, occasional slight attacks of hemorrhage occur after any excitement of the sexual organs, or jolting of the body, as in riding or driving. Under certain conditions the bleeding may be exceedingly copious, and the blood may escape freely from the urethra. Except in anæmic or aged and worn-out patients, the bleeding rarely does much harm; indeed, in a few, this blood-letting may be looked upon rather as an advantage than otherwise, as it reduces the congestion of the organ, and for some time gives relief to the symptoms of irritation which this produces.

It is, therefore, not necessary to be very urgent in our treatment of such cases, unless bad symptoms should supervene. Rest, the avoidance of solid food and alcoholic drinks, and a few doses of belladonna will probably do all that is required. In more serious cases we may have to do something more to check the bleeding, owing to the loss of strength which it is causing. A small piece of ice inserted into the rectum will often control the hemorrhage; and, internally, hazeline in ten-drop doses every half-hour may be given. If the bladder become filled with blood it must be evacuated, and the bladder washed out, and in doing this it is a good plan to use a mixture of hydrastis tincture, 3 i to the pint of water—this should be injected at a low temperature, in quantity according to the ca-

capacity of the bladder. Rest in bed is of course indicated, and it is advisable to stop the action of the bowels for a day or so, unless the colon is much loaded, otherwise the bleeding may be started again on the passage of the stool.

A much more serious form of hemorrhage in prostatics is that which occurs after the too rapid withdrawal of urine from an atonic and over-distended bladder due to long-standing prostatic obstruction.

In such cases the bleeding is very free and often fatal, and is due to widespread rupture of vessels in the mucous membrane of the bladder and pelvis of the kidney. The removal of the urine has taken away the support of a column of fluid to which they have long been accustomed, and as a result they become overcharged with blood and give way. It cannot be too emphatically laid down that in treating these over-distended bladders we must never remove all the contained urine at one sitting.

Should this complication occur the treatment will have to be prompt. The bladder must be emptied of the blood and clots\* by means of a large catheter, and the latter should be left in, and pressure applied over the pubes very firmly, so as to keep the bladder contracted. It is only by doing this that the openings in the ruptured veins can be kept closed. Internally, terebinth or ergot may be given; but all other treatment must be subservient to the mechanical closure of the vessels by means of the contracted vesical walls. When once the danger of death from the hemorrhage is past, a tonic treatment must be adopted, and the bladder kept scrupulously cleansed by daily washing out with boroglyceride lotion, to which some hazeline may be added.

### IV.—ACUTE RETENTION OF URINE.

Attacks of acute retention of urine may occur at any time in the life of a patient suffering from hypertrophied prostate. Such are usually due to congestion of the organ, brought about by various causes, the commonest being a chill on the top of some error in diet. A patient dines out, drinks freely of alcoholic liquors, and in returning home contracts a chill. In a few

\* It is as well to inject oil through the catheter before introducing it, in order to facilitate the passage of clots.

hours symptoms of obstruction appear, which rapidly become acute, and he finds it impossible to pass even a drop of urine. If a catheter is passed under such circumstances it is as likely as not that instead of entering the bladder it pushes its way into the softened and engorged prostate, and free bleeding occurs. It may be that this will reduce the congestion and allow of the entrance of the catheter, but I do not think that this is the usual experience. Further efforts to pass the instrument are often unavailing, and increase the bleeding and the patient's distress.

In such circumstances I have more than once found a piece of ice in the rectum will stop the bleeding, and, within an hour, permit of the introduction of a Coudée catheter. If this fails, and symptoms of retention are urgent, suprapubic puncture of the bladder may be resorted to, and the patient given aconite and belladonna in alternation, and in four or five hours another attempt may be made.

Supra-pubic puncture may, of course, be repeated a large number of times without ill-effects, and when one is single-handed it is not easy to carry out any other form of treatment. Fortunately, the relief given by the puncture and internal medical treatment will often clear up matters, but if this is not the case, my own experience with puncture through the perineum with Harrison's trocar and cannula leads me to think that this is the most suitable method of dealing with this condition.

The cannula can be left in and the bladder drained, and, on many occasions, after a few days the patient begins to pass urine naturally, and the cannula being removed, complete restoration of the function is regained, and those obstructive symptoms which were present before the attack of acute retention occurred will also possibly disappear, owing, most probably, to the scar contraction around the track of the cannula. The following case illustrates this :

I was called by Dr. MacNish to see an elderly patient, who for some days had suffered from retention, with enlarged prostate. Previous attempts by another medical man to pass a catheter had caused copious hemorrhage, which had much lowered the patient's vitality. Some urine had been drawn off, but the bladder was much distended, and further efforts to pass a

catheter increased the bleeding, the prostate having evidently been "tunneled." Under an anæsthetic, Harrison's trocar was inserted, and the bladder emptied, the cannula being retained. The bleeding soon ceased, and urine began to be passed naturally on the tenth day, after which the cannula was removed. The patient, who formerly had to use a catheter, eventually acquired the power of passing water naturally after the perineal opening had closed.

I have had like results in other cases of a similar nature, and therefore do not hesitate to recommend this method for the condition in question. I have not found it of any permanent service in reducing the bulk of fibrotic prostates, and, in these, should only make use of it as a means of draining the bladder, and enabling one to cleanse it easily when cystitis is present.

#### V.—CYSTITIS.

When a patient has cystitis grafted upon his prostatic trouble his condition is indeed pitiable, and we shall need much patience and care to keep him from going downhill.

Acute cystitis may occur and be a temporary matter, cantharis usually cutting short the attack. At the same time it is as well to see whether the patient is passing much uric acid, and if found this must be corrected in the ordinary way. Hot hip-baths are very useful, and hot rectal injections are also grateful to the patient. In the subacute form *merc. corr.* is the remedy usually indicated, and I have often found suppositories containing gr. iii. of ichthyol help in reducing the inflammation and discomfort.

It is when we have to deal with chronic cystitis that our difficulties most assert themselves. Here local treatment will have to be carried out regularly, and for this purpose a daily washing out of the bladder with some anti-septic lotion is usually adopted. It must be remembered, however, that if there be much mucus or muco-pus in the bladder this will have first to be removed before any topically acting fluid can exert its influence on the bladder walls. For the removal of the tenacious secretion which sometimes exists, Dr. Pugh's method, for a knowledge of which I am indebted

to Dr. Ord of Bournemouth, may be tried. It consists of first washing out the bladder and then injecting a solution of boric acid of 30 grains to the ounce strength, about 6 ounces being used, and while this is in the bladder injecting a strong solution of bicarbonate of soda. The result will be an effervescence which will cleanse and neutralize all the remaining pus and mucus which is retained in the folds of the viscus. The mixture must be drawn off in about a minute, otherwise pain will be caused by the distention. The desired injecting medium can now be introduced after a douche of sterilized water has been used to clear away any debris.

Of injections the most useful are: Boro-glyceride  $\frac{3}{4}$  ii. to  $\frac{3}{4}$  iv. of water; iodoform emulsion (gr. x. iodoform to  $\frac{3}{4}$  i. of water, mucilage of acacia, q. s.), which should be left in the bladder; or solutions of nitrate of silver of varying strengths. A mixture which I have used a good deal, and found very useful, is the following:  $\mathcal{R}$  Kennedy's white pinus canadensis  $\frac{3}{4}$  iiss., listerine  $\frac{3}{4}$  i., aquam ad  $\frac{3}{4}$  viii. About three ounces of this is injected after the bladder has been well washed out. It will usually be found that the injections have to be changed from time to time, as the bladder seems to improve under one for some time, and then progress ceases until something fresh is used.

Of internal remedies one of the most useful is triticum repens, which may be given as an infusion, or the liquor tritici prepared by Parke, Davis & Co. It very quickly give relief to strangury in some cases, when that is present, though I am unable to say in what other particulars it is most indicated. Chimaphila umbellata, also given as an infusion in dram doses, is suitable in those cases in which there is a copious secretion of muco-pus, with dragging pains in the prostate and loins, occasionally blood, and considerable laxity of the tissues, with general depression.

Sabal serrulata, or saw palmetto, has been largely used for bladder troubles; in fact, so largely and indiscriminately has it been administered that it has fallen somewhat into disrepute. But it is a valuable drug in certain cases, though care should be taken to obtain the preparation

made only from fresh berries. That made from the dried berries is useless. This drug appears to be excreted by the mucous membrane of the urinary tract, and thus acts locally on the bladder and kidneys. At the same time it seems to have a specific action on the testicles and prostate. It suits elderly men, with weakened sexual power and lack of mental vigor; pains in the prostate, testicle, and spermatic cord, and dull throbbing at the neck of the bladder. I have usually found it act best when given in 10 to 20 minim doses of the fluid extract.

In cases where the kidneys are affected with interstitial inflammation, and there is diminished excretion of urine, corn silk (stigmat maydis) is a useful drug. Like the others above mentioned, the preparations dispensed in this country are often worthless, and it is well to see that it is obtained from a reliable source. The mazineic acid, upon the presence of which its efficacy largely depends, undergoes fermentation within twenty-four hours of cutting the plant; hence the importance of having a preparation from the fresh plant only.

In any case a 7-grain powder of urotropin given once a day will do a great deal in the way of disinfecting the urinary tract. It destroys the bacillus coli communis, which is largely responsible for the cystitis, and the kidneys and bladder are both the better for this action. It is particularly useful if pyelitis be present—in fact, there is no drug which will so quickly improve matters as this one in such conditions.

(To be concluded.)



## BOILS.

By P. S. DUFF, M. D., Great Belt, Pa.

THERE is no obstruction or disturbance to the human organism to be trifled with; and if ignored or unscientifically dealt with will retaliate, hard, distressingly, disagreeably. Not the least of these ills is the one diagnosed as boils, from a vitiated state of the blood. Cause, at least in the strong and robust, is too much meat, rich food, particularly pork. What I mean by too much is more than the system demands for living work, wear and tear, etc. Of course, too much for one might not be enough for another.



But there is an overplus of bile-formation diet, resulting in inflammation from a stoppage, and then the trouble begins.

The treatment is best opened with sulphur, the great systematic organism-driver—"to prevent recurrence," the books say; but on the same principle it may be given to prevent occurrence, then the formation of the core would not take place; it could not act like a foreign body, impeding progress, causing inflammation and suppuration. When this remedy is indicated there is a disagreeable smarting and burning after scratching. Rubbing on pure sulphur externally and giving it in potency not only palliates, but is curative and scatters the core.

Other remedies are gels., large boils; hepar sulph., to hasten maturation. Remedies may be indicated according to parts of the body attacked, as nitric acid when there are large boils on the nape of the neck, the scapulæ, and thighs (apis, arnica, ars., merc.).

I want to report a clinical experience with *echinacea angustifolia*, so highly extolled. A baby, aged three months, from five or six weeks old was fed on Richardson's and other milk foods. It has hiccough after eating and throws its food up soon after eating. Five weeks ago boils began to appear behind and above ear, with thick, yellow pus discharge. Body was now all covered with boils, the skin being fiery-red; child cross, better when carried. Gave a dose of *chamomilla* 6x. No special result. Prescribed *echinacea* 3x, four doses a day for four days, and succeeded in curing, with not a vestige of the boils left. This was the most notable experience I have had with *echinacea*.

Application to a boil when it is near to being ripe will hastily bring it to a painless termination, and without much discomfort. I make a salve from an old honey-comb which has been boiled and strained through a coarse cloth and gradually cooled and thickened into a jelly-like paste of a dark color. I make a neat little plaster poultice and place it over the maturing boil, and it will produce most gratifying results. The indicated remedy can be given inwardly to equalize the nutritive system.

I use the sulphur tincture or low or crude externally, and 6x to 30x internally.

## MATERIA MEDICA QUESTIONS.

By E. FORNIAS, M. D., Philadelphia.

Differentiate between strychnine and traumatic tetanus.

In strychnia the spasms are intermittent (clonic) and there is no fever. In traumatic tetanus the spasms are constant (tonic). Has fever. Trismus is late in the former, and early in the latter.

Give backache symptoms of zincum.

Backache worse sitting and from long walks. Legs weak, trembling; hungry at 11 A. M., with increase of spinal weakness. Formication after sitting.

Give the spasms of zincum.

During teething, from undeveloped exanthemata. With pale face, absence of fever and heat, showing debility. Child cross before the attack, body hot, restless at night, fidgety feet (nat. mur.), right side twitches. During sleep cries out; when awakened, expresses fear and rolls its head from side to side.

Give the ataxic symptoms of zincum.

A general feeling of formication, better by rubbing. Tremulous all over. Feet constantly moving (nat. mur.). Formication, numbness and coldness of legs. Feeling of a band around the abdomen. Patient staggers in the dark (arg. nit.). Gait becomes stiff. The whole body jerks during sleep (ars., alum.). Great weakness of limbs, especially lumbar region and knees. Marked and intense lightning-like pains. Sensitive soles. Powers of locomotion highly impaired.

Give the action of phosphorus on the blood.

The blood is altered qualitatively, carrying elements of disorder to the parenchymatous organs and giving rise to ecchymoses and hemorrhages. In color it darkens to black, liquefies, and loses its coagulating power. Its corpuscular elements also suffer alteration, the blood disks decreasing in consistency and circumference, the white corpuscles increasing in number.

Compare *nux vomica* with opium, *bryonia*, and *alumina* in constipation.

*Nux vom.* constipation is not due to inaction,

but to inharmonious spasmodic action; always with ineffectual urging (lyco.). In opium it is due to the combined effects of dryness and paralysis, hence obstinate. In bryonia it is due to diminished activity, want of peristaltic action from dryness; hence there is no desire for stool. In alumina the inactivity of the rectum is so marked that even a soft stool requires great effort.

Give the uterine symptoms of ferrum iodatum.

Bearing-down pains in pelvis, and a feeling as if something were being pushed up when sitting. Pressure on the rectum. Starchy leucorrhœa. (Bor., sabina).

Give the indications of dioscorea in dyspepsia.

Flatulent dyspepsia with belching of large quantities of tasteless, sour, bitter, but principally of offensive gas, with only partial relief of pains.

Give neurasthenia of zincum.

Backache worse from sitting and from long walks. Legs tremble, weak, trembling, constantly moving (ars.); hungry at 11 A. M., with increase of spinal weakness. Small of back weak while walking. Muscular twitching. Violent pain in the small of the back when walking steadily, worse by continuing to walk. Drawing in the back. Weak bladder (alum., caust.). Wine increases the pains and nervous weakness.

Give the action of zincum on the brain.

Cerebral exhaustion with physical and mental depression (gels., nux v., phos. acid.). A soporous condition of the mind (opii.). Brain symptoms with undeveloped exanthemata. Child cries out during sleep, awakens as if with fear and rolls its head from side to side. Limbs and body jerk. Occiput hot and forehead cold. Child clings to those around. Eyes dim, watery, sensitive to light. Spasms. Child is cross before the attack, body hot, fidgety feet. Right side twitches. Hydrocephaloid.

When is zincum indicated in exanthematic fevers?

When the brain is exhausted and the vis medicatrix naturæ too weak to throw the

poison to the surface, or when the inability to develop the eruption brings about violent convulsions.

Give the nervous debility of silicea.

Nervous weakness or debility amounting almost to paralysis and attended with a peculiar exalted susceptibility to nervous stimuli. The senses are morbidly keen, the brain and spine cannot bear even moderate concussion, and the surface of the body is tender and sensitive. Cold aggravates intensely and warmth relieves. (Fluoric acid is opposite.) Silicea antidotes the abuse of mercury, but does not follow the potentized drug.

Give the silicea child.

Imperfectly nourished from defective assimilation. The head covered with much sweat and unduly large (calc. carb.), likes being wrapped up. Fontanelles open, body emaciated, abdomen swollen and hot (calc. carb. cold), and great sensitiveness of body surfaces. Muscles lax; face pale like wax. The bones and fibrous parts of joints are diseased, showing knob-like appearances. The child is late in walking, has weak ankles, and aversion to mother's milk. Obstinate, headstrong, and cries when kindly spoken to; stools watery, weakening, offensive (ars.), painless, containing food; constipated, receding when partly expelled. (Scrofulous and rachitic conditions with want of vital warmth, sep.)

Give the colic of colocynthis.

Severe colicky pain mostly around the navel, has to bend double (acon., aloë), worse in any other posture, but with great restlessness and loud screaming on changing it; worse at intervals of five or ten minutes—colic so distressing that they seek relief by pressing corners of tables or heads of bed-posts against the abdomen; discharge of flatus affords temporary relief (carbo veg.). Child writhes in every possible direction; doubles itself up and screams in great distress.

What is the antidote of kali brom. and mercury?  
Hepar.

*Some Wholesome Things.*

**C**ARROTS for sufferers from asthma.

Watercress is a remedy for scurvy.

Asparagus is used to induce perspiration.

Lettuce for those suffering from insomnia.

Turnips for nervous disorders and for scurvy.

Eggs contain a large amount of nutriment in a compact, quickly available form. Beaten up raw with sugar they are used to clear and strengthen the voice.

Onions are almost the best nerve known. No medicine is so useful in cases of nervous prostration, and there is nothing else that will so quickly relieve and tone up a worn-out system.

Peanuts for indigestion. They are especially recommended for corpulent diabetes. Peanuts are made into a wholesome and nutritious soup, are browned and used as coffee, are eaten as a relish simply baked, or are prepared and served as salted almonds.

Raw beef proves of great benefit to persons of frail constitution and to sufferers from consumption. It is chopped fine, seasoned with salt, and heated by placing it in a dish of hot water. It assimilates rapidly and affords the best nourishment.—*Montreal Homeopathic Record.*



## Book Reviews.

**A PRACTICAL TREATISE ON THE DISORDERS OF THE SEXUAL ORGANS OF MEN.** By **BUKK G. CARLETON, M. D.,** Genito-Urinary Surgeon and Specialist to the Metropolitan Hospital and Polyclinic of the Metropolitan Hospital, Consulting Genito-Urinary Surgeon to the Hahnemann Hospital, etc., New York. Revised and enlarged edition. New York: Boericke & Runyon Co., 1900.

Many changes for the better have been made in this new edition, thus bringing this interesting topic sharply up to date. What we had formerly to say concerning the first edition we repeat at this time, with the added plaudits for the new and further matter incorporated in this volume. This subject will never fail of interest to the medical profession, as it does to the common people of all countries. This second edition is mailed at \$2.67 per copy.

**TRANSACTIONS OF THE HOMEOPATHIC MEDICAL SOCIETY OF THE STATE OF NEW YORK FOR THE YEAR 1899.** Vol. XXXIV. Edited by the Secretary, **JOHN L. MOFFATT, B. S., M. D.,** O. et A. Ch., New York.

This copy of the annual transactions of this powerful society very appropriately opens with a fine frontispiece picture of Dr. J. W. Sheldon, the President. A number of excellent papers serve to make this volume of equal value with its predecessor numbers. Many of its papers have already been seen by the profession in the journals, so that the element of novelty no longer attaches. At the back of this volume we find a list of members dropped for non-payment of dues, and in this list we note some of the up-to-date celebrities—one a popular author, another an ex-journalist and professor, and so forth. New York has the profession by the ears if they permit this society to publish this black-list without demur. An amusing part of the volume is its publication of many openings for practice in that State. This is amusing because of its apparent innocence of invitation. Certainly, there are lots of openings in New York, doctors. Pull up, wherever you are, professors, and eminent men of thirty or forty years' successful practice, and come to New York and show the natives how to practice practical medicine. Oh, certainly, come right along. You will be met with all kinds of a reception. But all this has nothing to do with Moffatt's annual book. It is all right, and, as always, a fine bit of print and editorial work.

**PRINCIPLES OF SURGERY.** By **N. SENN, M. D.,** Ph. D., LL. D. Second Edition. Thoroughly Revised. Illustrated with 178 Wood Engravings and Colored Plates. Philadelphia: The F. A. Davis Company, Publishers.

As is but too well known, this second edition is not a new book, but it is a book that will never grow old. It is in this author's well-known style of diction, and has been brought up to the date of publication by the diligence and study of the author. A number of new subjects have been introduced into this edition and many chapters have been elaborated by insertion of facts elucidated by the most recent investigations. More than fifty new illustrations have been added. The technique of a number of



operations is described and illustrated for the special purpose of demonstrating from a practical standpoint the value of a thorough knowledge of the complicated reparative processes in the treatment of injuries and disease by surgical intervention. In other ways the surgical student will find much in the present edition which will repay him for a purchase of this book. We are glad to recommend it as a fine surgical text-book.



### Globules.

Some discussion is occasioned in several of the journals concerning the spelling of the last word of our homeopathic motto. An amendment was voted at Atlantic City changing the *curantur* to *curentur*—following some learned reports from eminent Latin scholars here and elsewhere. But some of the journals seem to have caught the changed word to be *curenter*. As a correspondent properly says, this is no word at all. It must be a misprint. We hardly think the scholarly committee which had this matter in hand for a whole year would or could have made this error. It would be infinitely worse than the error alleged to have been made by Hahnemann. We go further to say that we take no stock in the corrected definition, even when properly spelled by the committee as *curentur*. We were taught at our preceptor's knee, and we continue to believe to this day, that homeopathy is a *law* of cure and not merely a *rule*. We fear this spelling, which the American Institute of Homeopathy by its action has made official, will meet the same negative reception accorded to the official spelling of homeopathy and its derivatives. It was a mistake to change this landmark. It has hurt us with the general profession, and it will continue to hurt us.

There is a good deal of unreason in the teaching in some of our medical colleges in the first two years. Before that is reached we want to say that the crowding of costly text-books upon a matriculant when he has been told by his preceptor that he will require very little that is new and may use the preceptor's books is impolitic and exceedingly costly. For instance,

a poor but worthy young man was given the very latest copy of *Gray* by his preceptor. He was told that *Gerrish* was now the standard and *Gerrish* it had to be. So it was with Chemistry, Bacteriology, Pathology, and Histology. Large volumes costing large prices were required of the student; volumes which it would take ten years of active service to complete. This thing of making a medical college a primary school with set lessons, is attempting the rule of the martinet; it is treating men and women like little children. It is the worship of the text-book rather than the thought it contains. To come now to our opening declaration. The average term of a medical college contains about thirty weeks. Then in twice thirty weeks a student is expected to know all there is in *Gray* or *Gerrish*, as well as all there is in a large volume of Chemistry, of Pathology, of Bacteriology, and Histology. Besides all that he must attend laboratory exercises and dissections. On the day of recitation he is told that for the next lesson he will take thirty-two pages of *Gerrish*, or eighteen pages of Chemistry, or an equal number of Pathology and Histology or Bacteriology. Is it not patent that the majority of these subjects cannot be thus railroaded and understood or learned: that they must and will be slurred over: that they will be useless in practical work? Indeed, from the very fact that after the first two years they are all dropped, and the student then begins the true study of medicine, it is apparent that the faculty has no great use for any of them and has permitted their introduction mainly as an advertisement of the superior knowledge imparted in this or that school. There is no trick in being a professor in a medical school when his work consists simply in giving out thirty pages of a lesson for to-morrow, and then on the morrow hear the recitation with the open thirty pages before the professor. Let us raise the standard so that an applicant at a medical school will come with a working knowledge of Chemistry and Bacteriology and several of the other highly ornamental branches now so much slobbered over, and then put him to work on living ideas, not on pages of a book. Start him in a medical course with anatomy and materia medica, and keep them going all the way through his

college course. There was a good deal more anatomy taught when the chair of Surgery had not been split up into ten or fifteen little departments, each department with a professor and assistants and text-books and clinics.

**Dr. E. H. Pratt**, in his January, 1900, issue of the *Journal of Orifical Surgery*, gives a characteristic and very graphic article on 'The Cerebro-Spinal Man—being Impersonation No. 8. This series of Impersonations is wonderfully fine and a valuable aid to every student of the human body.

We note from the last issue of the *Medical Visitor* that the editor-in-chief objects to the Porter definition of a homeopathic physician. We are glad to find at last one editor who takes this stand. We had our say on this matter some months ago and have seen no reason for recalling what we then said, notwithstanding the several letters published by eminent men and physicians in the *North American Journal of Homeopathy*. As we formerly said, if our esteemed brother-editor Porter will reverse his definition he will come nearer to the correct definition of a homeopathic physician as entertained by a good many practitioners in the West.

The *Minneapolis Homeopathic Magazine*, referring again to the backsliding sixteen homeopaths, says: "We referred to the matter as we did because of the positive statement to us by a Cleveland physician whose word we have no reason to doubt, that the said sixteen had been given diplomas by an old-school college, practically gratis." To which we make our sur-rejoinder that the Cleveland physician, whose word cannot be doubted, lied when he made that statement! Further, that if his anonym be scratched he will be found to be one of the professors who was responsible for the slump. Plain language? Yes, but it requires plain talk sometimes to be properly understood. It will not do for the members of any one college in Cleveland to throw stones at any other college. There are a good many glass houses around.

**Says the *Medical Brief*:** "The place to raise the standard of medical education is not in the State line, but the medical college. The profession has tried the experiment of increasing the time and lengthening the curriculum, introducing

unnecessary chairs, and teaching certain fads, such as bacteriology, to occupy the time. The result is that most graduates of to-day know a great deal that 'is not so' and doubt most everything that is." Very, very true. As we remarked in a recent *Pil.* No. 50 the first two years of the college life is filled with a lot of "stuff" that is practically of no value to the physician when he cuts loose from his alma mater's apron strings. Make the entrance requirements more strict in our medical institutions, and require the colleges to live up to them. Eliminate this boy's-play of raising the standard by crowding a lot of needless things into the curriculum. Then there will be better doctors and surgeons.

**Dr. D. A. MacLachlan** of Detroit contributes an interesting paper to the *Detroit Free Press* of January 28 on "The Haunts and Homes of Robert Burns." The paper is well written, and was doubtlessly greatly enjoyed by its many readers.

**Dr. John L. Moffatt** has removed to his new home, 1136 Dean Street, Brooklyn, N. Y., where he will be glad to see his patients hereafter. Dr. Moffatt has made a specialty of eye and ear, and established an excellent reputation.

From an Indianapolis daily we learn that an ex-homeopathic professor, later a rider of the three-horse-act in medicine, has fallen completely from grace by advertising his discovery of a practice which takes on the germicidal trend and promises to cure all disease by destroying the germs which cause the disease. Fancy how plausible that statement must seem to the poor laity when they come to this doctor for free examination! Alas, that anyone who had once tasted of legitimate medicine should descend so low!

**Dr. W. B. Clarke** of Indianapolis has a reprint from the *Medical Advance* entitled "True Cowpox a Manifestation of Syphilis." This paper was read before the Indianapolis Society of Homeopathic Physicians in October, 1899. Dr. Clarke and one or two others have about worn out this topic of vaccination. We hope their efforts may result in purifying the subject; but as to its power of completely removing vaccination as a means to an end, we very greatly

doubt the success. Dr. Clarke always writes a newsy paper, and his reprint will be read by many who do not side with him in his fight upon vaccination.

**Diabetes** has been treated successfully with a diet of pure buckwheat flour.

It seems that even so staid and dignified an institution as the Boston University School of Medicine could not refrain from showing the world that it has among its class a lot of boys and girls who will be boys and girls when the restraint is removed. A class of this school while attending at the Westboro Hospital for the Insane took it into their silly heads to make a good deal of noise at the railway station where they had a forty-five-minute wait, and all because the station agent on a preceding occasion had objected to their yells and other noises in and about the station. A lady trustee of the Hospital, happening along when this hellish exercise was at its merry height, took umbrage and reported the doings to the Hospital, who forthwith and without other investigation debarred the class from further clinics. The faculty of the school thereupon made investigation, and, having reached the causes, set in operation proper machinery to smooth over the whole boyish performance and everything is again lovely and the goose hangs altitudelum. The boys had but little excuse for their unseemly demonstration; but think of the wooden-headedness of that female trustee, who, having been apologized to by the class while at the station, still persisted in making her report to the whole board of trustees and thus brought about the dismissal of the class!

In this connection we are reminded of another fracas of a medical institution chronicled in an editorial of the *Medical Century*. This was an account of the fool misconduct of twelve rash physicians comprising the house staff of the City Hospital on Blackwell's Island, who, to show their intense dislike of the superintendent of the Hospital, hung up a corpse by the neck which they had placarded with the Superintendent's name and then executed a war-dance around it early on the morning of the 13th of January. Here the Commissioner of the Hospital immediately and without further ado removed the twelve fool-physicians, and with the approbation of

every right-thinking person, medical or lay. It mitigates the matter but little to admit what was afterwards stated to be a fact, that no corpse was used, but that a straw man was built up and used with the Superintendent's name. The intent was the same and the punishment correct. There is no excuse for conduct of this kind on the part of medical folks, whether they be under- or over-graduates. Such pranks are but illy tolerated by the general public when they emanate from immature school children; but when they are the work of grown men and women, and those engaged in the prosecution of a dignified profession, then say we the punishment should be summary and sharp.

**Dr. W. H. Hanchett** of Omaha opened his home to the Omaha Homeopathic Medical Society January 11. A profitable evening was spent in the reading and discussing of papers. Dr. D. A. Foote read a paper in favor of vaccination, which was opposed by Dr. A. V. Holmes. Dr. F. F. Teal discussed, informally, "Intubation." Mrs. Hanchett served a dainty repast before the meeting adjourned. The following officers were elected for the ensuing year: W. H. Hanchett, President; D. A. Foote, Vice President; A. V. Holmes, Secretary; Martha Clark, Treasurer. The censors are Drs. Quimby, Alexander, and Lankton. In the Sunday *World-Herald* of Omaha we find a half-tone picture of the photo made of the Institute when it visited Dr. Hanchett's home one afternoon and partook of his hospitality. We who were of the guests of Dr. Hanchett in the summer of 1898 have not forgotten his hospitality, nor have we forgotten the labors he instituted to make the Institute visit a success without calling upon the private funds of the local profession. Neither have we forgotten the gratitude with which his eminent services in its behalf were paid by the Institute. Dr. Hanchett deserved a better recognition from the American homeopathic profession than was accorded him at Omaha.

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# The American Homeopathist.

APRIL 2, 1900.

FRANK KRAFT, M. D., CLEVELAND, OHIO, EDITOR.

## OUR PORTRAITS.



HARLAN POMEROY, M. D.,  
Cleveland, O.

tions he received to his famous definition when he asked for opinions, the profession will be better able to judge of the whole subject. Printing one-sided testimony convinces no one. But this publication of adverse views doubtlessly has already been considered and will be done very early by our distinguished brother and friend.

\* \*

THE New York *Medical Times* prints an answer to Dr. Porter's request for an opinion on the definition, which makes things pleasant and agreeable all around. This eminent specialist-penman suggests the elision of the word "homeopathic" in the first line and substituting the word "cultured." In other words: "I define a cultured physician to be," etc. But isn't that great? We are of the opinion that the New York *Medical Times* printed this letter because even our broad-gauged editorial brother Porter couldn't see his way to using it in his journal. Oh, yes, indeed, we are progressing, as thus:

MATHEW MELCHISEDECK JONES, M. D.,  
CULTURED PHYSICIAN AND SURGEON.

\* \*

SAYS the *Homeopathic Recorder*: "One of Dr. Porter's correspondents (*N. A. J. Hom.*, Feb.) suggests 'that a true homeopathic physician is one who isn't a homeopath any more than he is anything else'." Say, how does that strike you? Didn't we say in a recent editorial of ours that his correspondents are making Porter's definition foolish? If our esteemed editorial brother will publish some of the objec-

THE Ann Arbor Homeopathic Department will continue its Annual Practitioners' Course beginning April 25 *et seq.* Drs. Lee, Nottingham, and Kraft furnish the Utlander contributions. This course has proven to be very popular and will meet the expectations of all who take so much of their time to hear a week's lectures upon the newer things in the profession.

## Materia Medica Miscellany.

Conducted by J. WILFORD ALLEN, M. D., 110 West 12th Street, New York.

References in this department are made by number. See issue of January 1 or December 15 of each year.

### *Sepia in Dyspepsia of Uterine Diseases.*

Dr. F. Cartier, Journal of Obstetrics: We have in sepia a remarkable remedy for the dyspepsia of uterine and utero-vaginal affections. The characteristic indications are: Profuse and permanent leucorrhœa, which may be vaginal and whitish, or uterine and watery, staining the linen greatly, which apparently is due to a hypersecretion of the uterine glands. In both varieties of leucorrhœa, the thick and yellow as well as the clear, thin, and watery, sepia is indicated. This leucorrhœa, on account of its profuseness, brings about a characteristic dyspepsia, with drawing sensations in the stomach and a sort of heaviness of the organ as though it would fall from its normal position. The vision is weak, and the least exertion causes headache. These three symptoms are characteristic of sepia.

Helonias dioica is a great analogue of sepia in leucorrhœa and presents very pronounced backache of uterine origin, with heaviness in the thighs and a "sensation of a uterus." Helonias is useful to stimulate the appetite in women with uterine affections, in the first dec. dil., and sepia in the 6th to the 30th dec. trituration.

### *A Few of the Clinical Uses of Liquid Air.*

Pearce<sup>28</sup>: As a local anæsthetic it has been most satisfactory, minor operations being done with no pain at all, and no injury to surrounding tissues. In neuralgias, and pain of herpes zoster, it has given prompt relief. A case of erythematous lupus, in which it was used, healed nicely, without the deep scarring attended by other forms of treatment. A case of epithelioma of the face yielded easily. In cases of small tumors of the face, nævi, etc., it can be used, and leaves a scar which is hardly perceptible. Cases of boils, carbuncles, and bubos show marked modification in their course. A case of

facial erysipelas was subjected to the spray until the infected surface felt very cold, and three days later the patient returned, having had no other treatment, and the inflammation had completely subsided. Sluggish ulcers seem to take on a new growth when they have been subjected to the spray of liquid air, which appears to have all the effects of a caustic, without its attendant inflammation.

### *Peritonitis.*

Wilcox of New York, in an article on surgical peritonitis,<sup>14</sup> desiring to have the highest therapeutic authority on the subject, submitted the symptoms to Drs. T. F. and Paul Allen, with the request that they would indicate as nearly as possible the drugs which would be useful in the treatment of desperate cases of peritonitis. Their courteous reply is herewith appended:

DEAR DR. WILCOX:

The symptoms you give are as follows:

Anxiety, restlessness, labored breathing, pale face, pointed nose, great distention of abdomen.

These remedies are more or less common to arsenic, camphor, cuprum, opium, secale, and veratrum album.

Arsenic has extreme irritability of stomach, everything being expelled in a few minutes, intense thirst, more inclined to sip water, extreme sensitiveness and soreness of abdomen with burning pain, diminished from heat.

Camphor has a dry skin, and would only be of service with a dry skin; as soon as there is any sweating another remedy is indicated.

Cuprum has no especial thirst; there are generally violent colics, hiccough, and convulsive vomiting, generally increased by least motion.

Secale has the marked symptom of wanting the hands or feet to be uncovered. Secale also has a warm sweat on the forehead; great thirst; gulps water.

Veratrum album is very similar to secale, but has cold sweat on forehead and does not especially desire to be uncovered; great thirst.

As I said before, the symptoms you give are more or less common to the above six drugs.

Opium has the great distention, fever, and thirst, but the patient is very stupid and gener-

ally has a dusky-looking face ; sometimes has a warm sweat.

In order of prominence, I should say :

Arsenic { veratrum album,  
          { secale, cuprum.

Secale will have the cold sweat stand out in big beads, rather oily.

I read these symptoms to my father.

Yours very truly,

PAUL ALLEN, M. D.

### *Uterine Displacements.*

Among other drugs Dr. S. J. Van Royen of Utrecht, " and " gives the following in the treatment of this disorder :

Lilium.—Uterus enlarged, often as the result of imperfect involution. Anteversion, retroversion, prolapse. Uterus drops down from its own weight, especially when walking. Sensation as though the womb were grasped by a hand. Womb very sensitive to pressure. Downward urging in the uterus, as though everything would protrude. Desire to find some support for the abdomen. Ovaries enlarged, sensitive, especially on left side, better from gentle pressure. Menses scanty, flow only when moving about. Increased sexual desire. Breasts swollen. Frequent urination. Morning diarrhea. Tenesmus. Restless sleep. Inclination to improper and immodest speech.

Sepia.—Constant sensation as of downward urging, so she supports the abdomen by crossing the legs. Enlargement and induration. Sensation as though the womb were grasped by a hand. Menses too late and too scanty, or too profuse. Increase of sexual desire. Coitus and examination are painful. Stool tardy and difficult. One-sided headache. Frontal or occipital headache. Face yellowish, especially a yellow saddle over the bridge of the nose. Inclination to weep. Irritable and disagreeable to her family.

Sulphur.—Sense of heaviness in the uterus. Abdominal plethora. Chronic inflammations. Menstruation too late, too profuse, too brief. Flow dark, irritating. Leucorrhœa irritating. Stools tardy. Hemorrhoids. Sulphur often does well after or in alternation with sepia.

Platina.—Uterus indurated. Continuous pressure about the pelvis. Ovaries sensitive.

Menses too early, profuse. Greatly increased sexual desire. Leucorrhœa when rising from a sitting posture. Sensitiveness of external genitalia. Difficult stool. Dread of some imaginary danger. Thinks herself better than other people. Everything looks too large ; in other cases, too small.

Palladium.—Sensation as of something heavy, low (deep) in the pelvis ; worse from any effort and from standing ; better from lying on left side. Cutting pain in the uterus, better after stool. Pain in the right ovary. Headache in vertex, from ear to ear. Weeping mood. Irritable. Employs strong language. Thinks herself neglected. Worse in company. General lassitude and sensitiveness.

Actea racem. (cimicifuga).—Sensation in uterus and back as though drawn downward. Sensation of weight in the womb. Cramp-like sensation in the broad ligament. Pain extending from the ovaries to the flanks. Menses too early, dark, with labor-like pains. Cutting pain through the bowels, from side to side. Headache above and in the eyes, extending to the vertex. Rheumatic tendency. Melancholia, irritable, whimpering.

### *Antidote for the Poison of Snake and Spider Bites.*

Dr. J. F. A. Kent of Virginia " states that snake-moss (*selaginella apus*), first introduced by Dr. Rawley White, is a reliable antidote for the bite of venomous serpents. As much of the moss as may be packed in a large thimble, about half a dram in weight, is macerated thoroughly in an ounce of sweet milk the patient being directed to swallow the milk and a portion of the moss, the balance of the moss being applied to the wound. He cites several cases in which the effect of the remedy was almost immediate. The cases were seen one and two hours after the bite had been inflicted.

### *Cannabis Indica in Insomnia.*

J. V. Shoemaker, M. D., in New York Lancet :

One of the medicines which should be thought of is cannabis indica in treating insomnia. I always endeavor to cure insomnia with as little aid from drugs as possible, by means of physical exercise, regulation of diet, warm baths,



avoidance of excitement, travel, and other hygienic measures. Nevertheless, we must often order medicine, and in some cases *cannabis indica* answers an excellent purpose. In senile insomnia with mental wandering, probably due to softening, nothing compares to the extract of *cannabis indica* given at bedtime, in a quarter- to a third-of-a-grain doses. The same remedy is valuable in the insomnia, restlessness, and delirium of acute febrile diseases. It often succeeds in quieting the typhoid fever patient. This power was abundantly evidenced in the summer and autumn of 1898, when we had under our care at the Medico-Chirurgical Hospital a large number of soldiers from the camps and field suffering from typhoid fever. I frequently obtained the happiest results from the tincture of *cannabis indica*.



### *APIS MELLIFICA.\**

By W. W. BALDWIN, M. D., Philadelphia.

WE have selected from our art gallery the picture of *apis* for our study this evening. His *materia medica* is the homeopath's art gallery and his repertories are its catalogues. When we visit a gallery of paintings we are satisfied with a catalogue that simply classifies the collection under very generally descriptive titles. Thus we are content to find one picture referred to as a landscape, another as a portrait, and so on, but the student of drug pictures needs a catalogue in which he can find carefully classified all the various strokes of the artist's brush, the varying combinations of which make the individual pictures of the great collection to which he has access. We wish to try and outline this picture of *apis*. To do so without going to sleep over it we must make an effort to put breathing, pulsating life into it. What a lifeless, meaningless thing the homeopathic *materia medica* must be to many! Simply one great array of symptoms recorded one beneath the other with the most uninteresting monotony. I am sure that many would not undertake to study it much after sunset without soon falling peacefully into the arms of Morpheus. It is surprising that the members of the old-school

fraternity who insist that they can conceive of no possible use for our *materia medica* have not added it to their list of soporifics.

How then shall we study our picture of *apis*? Must we not try to see before us some living, breathing image of some man, woman, or child who unmistakably needs *apis*. Those of us who cannot recall having actually seen such a one must be permitted to draw on our imaginations. We must select from some walk in life some individual person and represent him or her in that condition which, from our study of the proving, we have conceived to be the one that *apis* is most characteristically capable of producing. We must observe the behavior of this individual under all sorts of circumstances. As we grow in experience the images of those persons whom we have cured with *apis* will naturally take the place of those with which at first we are obliged to call upon our imagination to furnish us. Thus by experience in the use of it our conception of its picture will undoubtedly become more enlarged and more accurate, but even if we have never once prescribed it we cannot intelligently talk about the picture of *apis* without having before our minds something wherein is the breath of life.

Let us look first then at this *apis* housemaid. Let us call her Betsy. Watch her as she waits at table. Notice how she fills the glass too full or spills the water on the salver, and the next minute she has knocked the vegetable spoon into her mistress' lap, or bumped the most distinguished guest's head with the potato dish as she withdraws it from him; she kicks the chairs as she passes and steps on anything that may be in her way. Now it is not that she means to act in this way, and indeed may be manifestly alarmed at the possible consequences of her behavior. She simply does not seem to have complete control over her hands and feet. She is anxious to do her best and is probably conscious of her deficiency. What is that awful crash we hear? Betsy has dropped the dinner dish from her clumsy fingers as she retires with it from the room. If we make inquiries we will find that it is the last article of a whole set which was complete when her predecessor in the situation left only two months ago. Betsy has broken each piece one by one, not with

\* Organon and Materia Medica Society, Philadelphia.

malice aforethought, but simply because she could not hold them.

Now Mrs. S., who by the way possesses a *pulsatilla* temperament, has so far been very long-suffering, but having been obliged on this occasion to apologize to her guest for his bumped head and to face the catastrophe of a spoiled dress has determined that Betsy must be reprimanded.

And though her mistress scold with all the mildness and gentleness peculiar to her nature, Betsy will resent it. She may listen with tears in her eyes, but she is angry; she sees no reason why she should be scolded, and is quite prepared to flare up in her own defense. She may even do so, in which event Mrs. S. will not say half she intended to, and will retire speedily, for *pulsatilla* could never stand the fire of an *apis* irritability.

Let us watch Betsy once more as she waits at table on another occasion. This time she appears to drift around in a somewhat dreamy state. She may be clumsy as before, but in addition her attention does not seem to be on her work. If asked to hand the cabbage she is just as likely to bring the potatoes, not that she does not know the difference between cabbages and potatoes, but she is simply not thinking of cabbages or potatoes either—in thought she is not waiting at table at all; her mind is not there, and yet it would puzzle you, and probably Betsy herself, to discover where it was. If you could look into her thoughts you would not find them occupied with the solution of some abstruse problem; they are simply drifting aimlessly from one thing to another. If addressed by her mistress we would not be at all surprised to hear her dreamily and awkwardly reply, "What?" She does not mean to be rude and she knows better, but she forgets that she is answering her mistress.

Now it certainly will not do to give *apis* indiscriminately to every clumsy, absent-minded housemaid. Suppose Betsy on dropping the dinner dish were to stop and scratch her head over it, we might be led to connect *bovista* with *apis* as a remedy possibly suitable to her should we ever be called upon to prescribe for her. We do not wish to be misunderstood as implying that every housemaid who drops dishes and

scratches her head must have *bovista*; we merely represent it in this way to remind us that *bovista*, which has just that *apis* clumsiness which lets everything fall from the hands, has also in its proving a great deal of itching of the skin, noted chiefly in connection with the scalp, compelling one to scratch, from which very little relief is derived. This will not of course enable us to distinguish between *apis* and *bovista*, for *apis* might certainly be excused for scratching herself, and she is likely to get more satisfaction out of it than *bovista*. Its *urticaria* is marked. Again, if Betsy should be in the habit of entertaining the cook with St. Vitus' dance and was one of those mortals troubled with a sluggish circulation who never pass a winter without chilblains, we would very likely find that *agaricus* sufficiently covered her awkwardness, particularly if it was chiefly manifested in the evening. Now if our housemaid Betsy was remarkably young for her situation, hardly, we will say, halfway through her teens, never happy because so homesick, troubled with headaches during which she had been observed to be particularly clumsy, we would probably remember that we had seen somewhere in the proving of *capsicum* the symptom recorded: "Children become clumsy, awkward, especially with headache."

Thus we see that from our observation of Betsy so far we could not definitely pronounce her to be an *apis* housemaid. She might indeed be *natrum mur.*, *silicea*, or many other remedies besides those we have already referred to.

However, Betsy *is* an *apis* housemaid, so let us observe her till we have discovered it beyond a doubt. Let us watch her as she does her work about the house. Notice how she is constantly busy about something, but never stays at one thing any length of time; whatever she attempts to do is never done properly; the window-panes are not properly cleaned, the dinner table is not laid as it should be, and if she has to make the beds the sheets are not rightly tucked.

Let us slip into the kitchen and interrogate the cook for a moment or two about her. She may tell us that she is quite sure sometimes that Betsy has the hysterics, and if we ask her

why, she may reply, "Well, she laughs and cries and acts so foolish-like."

Now our apis housemaid and the cook are on the whole pretty good friends, but unfortunately the cook is a nux vom. cook, as, by the way, all cooks ought to be, for their lives are spent over the stove, it is natural therefore that Betsy and the cook should fall out occasionally. When they do it is a case of Greek meeting Greek, for they can both be as disagreeable and irritable as his Satanic Majesty himself. However, there is only one subject on which they fight. They will not quarrel over Betsy's propensity for dropping dishes, for our nux vom. cook may be conscious of having done such things herself. It is on the question of ventilation they fall out. If Betsy at any time becomes more than usually indisposed, up go the kitchen windows, for she must have air, whereupon the nux vom. cook, furiously irritated by the chance of having the dinner spoiled and personally inconvenienced by the chilliness of the atmosphere, opens fire on Betsy, which is returned with vigor. We will not watch them fight it out. It is hard to say how it will end; probably apis will retire out of doors defeated, for although just about as irritable it is perhaps not quite as good a fighter as nux. One thing is certain, and that is that Mrs. S., although disturbed by the noise, will never descend to settle the dispute, for what could pulsatilla do when apis and nux vom. see fit to fight?

There are occasions when Betsy assumes the responsibility of ventilating the whole house. She is quite a crank on ventilation. Of course the pulsatilla members of the family make no objection. They are quite prepared to indorse Betsy's opinion that all the ailments to which man is heir are due to overheated houses and the lack of fresh air; but if there should happen to be any arsenic, hepar, kali carb., nux vom., or rhus patients in that household, our ventilating apis housemaid is likely to hear from them if the weather should be at all cold.

We may gain some interesting information if we follow Betsy to church some Sunday evening. Let us watch her during the first prayer. Remember that we have gone to church this evening for the express purpose of observing Betsy, and that from strictly scientific motives,

otherwise our conduct would be inexcusable. Now we may notice that although Betsy kneels down like all the rest, or rather some of the rest, and although her attitude is as devout as any, yet she does not, like most devout people in church, close her eyes when engaging in prayer. If we could interrogate Betsy as to the reason she would tell us that she always suffered from vertigo if she attempted to close her eyes. It would be interesting to know how she manages to go to sleep at night—possibly she goes to sleep first and closes her eyes afterward—if she does, I am not prepared to say whether in so doing she departs from the usual custom or not. Now if we recollect that Betsy is an apis housemaid her explanation of her conduct will be entirely satisfactory. We trust that the members of the congregation who have not knelt down are all magnesia carb. patients and have therefore as reasonable an excuse for their un-devotional attitude as Betsy has for not closing her eyes. If this had been the only occasion on which we had had an opportunity for observing Betsy we might rather have suspected her of being a lachesis or alumina housemaid; indeed there are quite a number of housemaids who might have behaved in a similar way. Ant. tart., chel., ferr., silic., petr. and rhus might all have done as Betsy did. If she had told us that in addition to the vertigo she also suffered from nausea, we would have suspected her of being a theridion housemaid. From this observation on our apis housemaid we may be reminded of a patient to whom we had occasion to give geranium maculatum and who had complained of somewhat the opposite symptom, vertigo, when walking, and must close the eyes.

But we have something else to observe about Betsy this Sunday evening. Fortunately for our scientific purposes we have chosen an occasion on which some big gun is to preach and crowds have flocked to hear him. Now Betsy is just as big a crank on the ventilation of churches as we have seen her to be on that of houses. As the atmosphere becomes more and more close, Betsy grows more and more uncomfortable. The eloquence of the preacher is entirely lost on her, for she is mentally storming at the sexton because he does not throw open all the windows and doors in the building. She may not actually



faint like that robust-looking woman across the aisle who has just been carried to the porch and whom we must follow for a moment, for a good homeopathic physician has been summoned to her side, and we must see what he will do. Watch him as he takes out his little pocket-case and drops a few pellets on the woman's tongue. If we could read the label on the tiny vial we would find it marked *ignatia*; and could we know this physician's thoughts we would find him saying to himself, "That will enable her to walk home all right, but if I could only get her to my office and take her symptoms and give her a dose of *nat. mur.*, *puls.*, *lyc.*, or whatever might prove to be her remedy, I would get her over this bad habit."

But what is Betsy doing all this time? She is fidgeting in her seat, almost suffocated with the heat, elbowing her neighbors to keep them as far off as possible, and wishing in her inmost soul that the eloquent preacher would reach the in-conclusion part of his sermon. At length the service is over, and our *apis* housemaid with a sigh of relief reaches the open air and declares that she never will go into a crowded church again, not to hear the most eloquent preacher that ever lived, for if she did she is sure she would suffocate and die for want of breath, a complaint, which, by the way, quite a number of people die from.

It is quite possible that Betsy will go home with a violent headache; burning and throbbing in the head, worse by motion and stooping, temporarily better by pressing the head firmly with the hands, flushed face and surging of blood to the head, a condition which might tempt us to give her a dose of *bell.*, but notice how she goes straight to her room and throws open all the windows, and though quite dry and feverish drinks nothing, unless it should be a few sips of milk, for which she often has a craving.

But let us leave Betsy now for a few moments and turn our attention to another scene. It is a sadder sight than we have yet witnessed. Come with me to the bedside of this sick child. Watch the little sufferer as it lies in a state of torpor, interrupted every few minutes by piercing shrieks. Notice how the little one thumps its head with its tiny fist and repeatedly kicks

the covers off which an anxious mother as often replaces. Notice, too, the puffiness about the face, especially under the eyes. The child is hot and in a fever, and the tender mother is trying to induce it to cool its lips with water, but the little one only pushes the spoon away and rolls its head from side to side on the pillow. Listen, now, as the mother is telling the doctor of how the little patient has not passed any water for several hours, and when it did it only amounted to a few drops and was very high-colored. Now the doctor in attendance is Dr. Goodfornought, M. A., M. D., M. R. C. S., L. R. C. P., Member of the Pathological Society of the Cannibal Islands, ex-president of the Royal College of Germ-Hunters, Timbuctoo, F. G. H. I., etc., etc., etc., all the way down to Z, and here we may parenthetically state that the great learning of this learned doctor would undoubtedly have been still greater but for the brevity of the English alphabet and the necessary limitation in the possible combinations of its letters. But Dr. Goodfornought is an eminent pathologist; he is therefore not surprised to hear of the scanty high-colored urine and to see the puffiness of the face, but as he reflects on the whole condition of the child he feels that he must inform the mother that nothing can possibly be done to save the little one's life, it is a bad case of meningitis and all that now remains for him to do is to relieve the suffering with an anodyne. Go away, you wiseacre, and learn that *apis* can produce just such a condition as this and on the law of similars will cure it; and the next time your horse beats his head against his stall, which he does because he cannot, like the child, carry his hand to his head, and neighs because he cannot shriek, and does not kick the covers off because he has not any on, do not content yourself with diagnosing his case as meningitis, but give him a dose of *apis*.

Now as we have watched this child and listened to it shriek, we may have been led to think of *rhus*, of *hellebore*, and of *zincum*, but then in none of these is the shriek so shrill and piercing. We know the child cannot need *rhus*, or it would not kick the covers off as we see it do, and the case cannot be *hellebore* or the little one, so far from refusing the water which the mother offers it, would seem to want to swallow the spoon and

all, so greedy is its thirst. If it were zinc, there would be much less shrieking and more paralysis, the reflexes would be abolished and the unconsciousness profound. But we must return to Betsy for a few moments, as in the interest of science we are obliged to intrude ourselves on her love affairs. Now Betsy has a lover, and this lover is obliged to be a very circumspect young man; he had better perhaps be a pulsatilla young man, as puls. and apis ought on the whole to get along pretty well together; neither of them drink much, and they agree on ventilation, and if we could mix the gentleness of one with the irritability of the other, we would have a pretty even temper. This young man had better not wink at the nux vomica cook when he calls on Saturday night, for Betsy's eye is on him. If he comes an hour late it does not matter how reasonable an excuse he may offer, she is sure to accuse him of having been to see some other girl whom he loves better, he does not care for her that is evident, and she has at least half a dozen girls in her mind's eye whom she suspects of attempting to alienate his affections from her. She has not the least ground for her suspicions, but that is not at all necessary. Betsy is simply abominably jealous, and her circumspect young man may be as circumspect as it is possible for a circumspect young man to be circumspect, and yet he will never please her.

Now it is not at all improbable that there will come a time when our apis housemaid will have to pay frequent visits to an oculist. She suffers with her eyes. Let us examine them when they are at their worst. We may have difficulty in persuading her to remove her dark glasses, so great is the photophobia. She does not want to close her eyes, for the warmth of the closed lids is painful to the inflamed conjunctiva. She will complain of burning, stinging, shooting, pains in the eye, the conjunctiva will be markedly injected, the tears will be scalding and profuse, and we will notice an œdematous bag-like swelling of the lids which will remind us of kali carb. The profuse scalding tears will make us think of euphrasia.

But we have not begun to do what we set out to accomplish, viz., to outline the picture of apis. We would like to afflict Betsy with all manner of complaints and watch her through them, but time

will not permit. We would like to give her an attack of diphtheria, but we must remember that Betsy has been brought up a staunch adherent to the ancient established rational school of medicine, which would not give her apis, and she would therefore die. We would like to watch her through an ovarian trouble, but may she be mercifully preserved from such an affliction, for we see hovering about her an eminent gynecologist knife in hand ready at the bare suggestion of such a thing to swoop down upon her and extract both her ovaries possibly before the poor girl knew she had any. We would like to make Betsy serve us still further, but we must now leave her and content ourselves with briefly noticing some of the remaining prominent features in the picture of apis.

Apis is not unfrequently indicated in diphtheria. In such cases we will find among the indications for its use the insidious onset of the trouble, the case is likely to be characterized by great debility from the beginning. We must distinguish between kali bichromicum and apis in throat cases. In apis we are quite likely to find a considerable quantity of tenacious mucus, a symptom so characteristic of kali bi. Both have the œdematous swelling of the tissues like water bags and the glossy varnished appearance of the mucous membrane. Apis is likely to be more painful to external touch. In kali bi. we may find pain in the throat extending to the ear, but this is also present in apis when swallowing. The kali bi. membrane is likely to be fibrinous and manifest a strong tendency to adhere firmly. If we can find a distinguishing feature in the apis membrane it will probably be in its dirty look and the fact that it appeared first on the arch of the palate. The kali bi. membrane may be blood-streaked. Pain on protruding the tongue, and the peculiar sensation of a hair on the back part of the tongue sometimes mentioned by the patient would be symptoms strongly in favor of kali bi. In our apis cases, we must, however, rely for certainty on the presence of some of the grand general features of apis, such as the scanty high-colored urine, thirstless fever, and the general aggravation from warmth. We must not forget that in some cases even apis may have an insatiable thirst.

In the ovarian troubles of *apis* we are likely to find that the right organ is the one affected. Hard painful swelling in the right ovarian region, very tender on pressure, with burning stinging pains, or the pains may be sharp and shooting, or labor-like pains coming on suddenly and passing off in the same way like bell., which is also a right-sided remedy. The painful part too may be hot to the touch, further confusing it with bell., but in *apis* we are likely to have the scanty, dark, burning urine, the thirstlessness, and the desire for cool air. The bedclothes will be thrown off and the night dress may be drawn up to let the cool air get at the part. We are likely too to find a good deal of œdematous swelling, so characteristic of *apis*. More or less dropsical distention of the abdomen will be present.

œdematous swellings are to be found everywhere. They are like the swellings of rhus poisoning, water-bag formations. The skin becomes waxy and pale. The most characteristic sensation of *apis* is that of stinging, and it is certainly most natural that it should be. We will find the burning stinging pains in all parts of the body.

Its constipation is worthy of notice. There is a sensation in the abdomen as if something tight would break if much effort were made to void stool. It also has a diarrhea worse with every motion of the body and a feeling as though the anus were constantly open like *phos*.

The intermittent fever of *apis* is interesting. Its chill comes at 3 P. M. accompanied with thirst like *ferrum* and *ignatia*.

There is a general aggravation about 3 P. M. lasting on through the evening like the puls. aggravation, which begins an hour or two later.

We have attempted hurriedly to complete our sketch of *apis*, and many important strokes of the brush may have been omitted, but if we carry nothing more of its picture away, let us at least not forget, the general aggravation from warmth, the scanty high-colored urine, thirstlessness, œdematous swellings, and stinging pains.



A Brooklyn mother, giving advice on the care of infants, solemnly declared: "If the baby does not thrive on fresh milk, it should be boiled."

## NOTES ON SENILE HYPERTROPHY OF THE PROSTATE AND ITS TREATMENT, ESPECIALLY FROM THE DRUG SIDE.\*

By DUDLEY WRIGHT, F. R. C. S. Eng.

Assistant Surgeon and Surgeon for Diseases of the Throat and Ear to the London Homeopathic Hospital.

(Concluded from page 98.)

### VI.—ATONY OF THE BLADDER.

Stress has already been laid upon the risk of producing serious hemorrhage by withdrawing at one sitting the whole of the contents of an overdistended and atonic bladder, and it is well to bear this danger constantly in mind.

The atony which occurs in prostatics is always due—apart from a few cases having a spinal origin—to the obstruction produced by the enlarging gland. In the majority hypertrophy of the bladder muscle has been the first stage in the train of events. A time soon comes, however, when even the hypertrophied muscle is unable to overcome the resistance offered to its action, and its strength becomes impaired. A period of irritability now ensues, which gradually passes into weakness, and, finally, true atony.

During the irritable stage the judicious use of the catheter for the purpose of removing residual urine may prevent the appearance of atony, and much may be done to overcome the irritability by the administration of *arnica*. In the more advanced stages, before paralysis has occurred, *stramonium* is a helpful remedy.

By the time that atony has appeared it is more than probable that cystitis, from decomposition of the residual urine, will have occurred. This will necessitate treatment upon the lines already laid down for that condition; but *lycopodium*, *causticum*, or *nux* and *sulphur* may help the bladder to regain some of its lost tone.

In a few cases the atony is not preceded by hypertrophy, the bladder muscle appearing to have very little power of contracting. It is restive and irritable under the opposition caused by the enlarging prostate, but gradually it yields to the strain, without undergoing any hypertrophic change, and becomes dilated and toneless. It is in these patients that *lycopodium* or *causticum* will most likely be of service.

Having briefly considered the most important complications of this disorder, we may



now pass on to the question of the general management of prostatic cases.

There is no doubt that if steps be taken to deal, on practical lines, with the complaint in its earliest stages, much after trouble will be prevented. The unfortunate point is that not a few cases submit themselves for treatment only at a rather advanced stage. And this is often not altogether the fault of the patient, for some men are the possessors of a bladder of such blunted sensibility as to tolerate a state of distention which is really extraordinary. They habitually carry this large quantity about with them, only getting rid of a comparatively small portion during each act of micturition. They believe that the bladder has been well emptied, and express the greatest surprise when it is demonstrated to them how much is left behind. The danger of atony supervening should sudden obstruction occur, and the risk of cystitis in such cases, is too obvious to need further comment.

Mr. Reginald Harrison, in his book on "Diseases of the Urinary Organs," lays stress upon certain rules which should be followed by patients suffering from the senile prostate, and they constitute such sound advice that they may well be quoted. They are as follows: (1) To avoid being placed under circumstances where the bladder cannot be emptied at will. (2) To avoid checking perspiration by exposure to cold, and thus throwing additional work upon the kidneys. For the same purpose flannel should be worn next to the skin both in summer and winter. (3) To be sparing of wines or spirits exercising a marked diuretic effect either by their quantity or quality. Preference should be given to those which promote digestion without palpably affecting the urinary organs. (4) To be tolerably constant in the quantity of fluids daily consumed. "When more fluid than usual is consumed it is often followed by distention of the bladder long hovering between competency and incompetency, and the retention thus caused, by suspending the power of the viscus, has frequently been the first direct step toward establishing a permanent, if not a fatal, condition of atony or paralysis of this organ." (5) It is important that from time to time the reaction of the urine should be noted. When

it becomes permanently alkaline, or is offensive to the smell, both necessity and comfort indicate the use of the catheter. (6) Constipation should at all times be avoided. (7) Some regularity as to the time of performing micturition should be inculcated.

If a strict observance of the foregoing precautions is enjoined in the case of all patients in the early stages of prostatic enlargement, much trouble will be saved. It is well at the same time to prescribe one of the following drugs, viz., picric acid, mercurius, arnica, or triticum repens. The first I have already mentioned as of value in nocturnal frequency of micturition, and it is one of the most useful in all ordinary cases in the earlier stages of the disease. Under its use I have seen in a number of patients residual urine up to 6 ozs. diminished to  $\frac{1}{2}$  oz., and on one occasion in a patient of seventy-eight, whose prostatic trouble had lasted several years, and who had to get out of bed six or seven times during the night to micturate, a two months' course of ferrum picricum 3x not only reduced this night frequency to one awakening, but also entirely got rid of  $4\frac{1}{2}$  ozs. residual urine. During the two months a catheter was used only twice, and that was at the beginning and at the end of the period, for the sole purpose of ascertaining the amount of urine left behind after the patient had passed water.

It is well to point out a fallacy which often steps in if this estimation of the residual urine is done in a haphazard manner. When the examination is made, care should be taken that the patient has a fairly full bladder before he passes water, for it will be found that the residuum will vary according to the distention of that viscus. Thus, if the bladder be fairly full, the residuum will be smaller than if the bladder were nearly empty before urine was passed. This is because a full bladder has more power to expel its contents than a partially empty one, and it is obvious that we may be led into error unless we bear this fact in mind.

Mercurius I have found particularly useful where rectal symptoms are in the ascendant. Constipation is not necessarily present, but there is straining at stool and irritation in the rectum, and when the patient strains to make water, venous congestion and extrusion of some por-

tion of the rectal mucous membrane is apt to occur.

In some patients much irritation of the deep urethra is complained of. Crawling sensations frequently occur, which are very annoying, as no relief can be obtained by scratching externally. These cases usually yield to arnica. Dr. Bayes\* found this drug useful in two prostatic cases where there was much tenesmus of the bladder neck, and it will be well to remember it in this connection.

When are we to advise the regular use of the catheter? The answer to this must be given independently of all considerations of the mere quantity of residual urine. A patient with half an ounce residual may need to begin the "catheter habit" as urgently as one with ten ounces. Let this question be decided more by the irritation produced by the residual urine, and this may depend as much upon its quality as its quantity, for it is obvious that a small amount of decomposing urine may be a greater source of annoyance and danger to the patient than a larger amount of bland and comparatively healthy urine.

If, then, we find ammoniacal and decomposing urine is present, or that the calls to micturition are constant and annoying and that relief is not even obtained by the passage of urine; or further, if we have reason to suspect that the amount of residual urine is such that injurious pressure is exerted upon the bladder and kidneys, we have good grounds for instituting the daily use of the catheter, providing drug treatment has proved unavailing, always bearing in mind that we are forced to recommend this lesser evil lest a greater one ensue. The recognition of this fact will make us the more careful in insisting on the due observance of every precaution to insure the use of no instrument which has not been submitted to a thorough cleansing process.

The most suitable form and size of the instrument must be determined by the medical man. In some cases a Coudé, in others a soft Jacques, catheter is most easily used, and one patient may find that he passes the catheter most easily when lying down, and another when standing or sitting. No rule can be laid down, and in these

particulars the patient's convenience and comfort are the first considerations.

The question of operative treatment for the removal of the enlarged and obstructing portion of the prostate is outside the scope of this contribution, and may well be left to a future occasion. Our object is always to save patients from the more serious measures by the judicious use of the milder therapeutic and mechanical means at our disposal, and the main object of this paper has been to bring into prominence those which I myself have found most useful in attaining to this end.



### DR. ANDREW R. WRIGHT.

ESTIMATION IN WHICH HE WAS HELD IS BEST EXPRESSED BY ACTION OF HIS MEDICAL ASSOCIATES.

NEARLY one hundred of the prominent physicians of this vicinity, representing the Erie County Homeopathic Medical Society, the Western New York Homeopathic Medical Society, and the Clinical Club, together with other prominent medical men, held a meeting in the Iroquois Hotel last evening to take formal action on the death of Dr. Andrew R. Wright, who expired suddenly in Chicago on Saturday as the result of an operation, self-performed, for an obstruction of the bowels, which caused a rupture that resulted fatally.

Dr. A. T. Bull acted as chairman and Dr. Fred D. Lewis as secretary. E. P. Hussey of the Erie County and W. H. Hodge of Niagara Falls of the Western New York Homeopathic medical societies, and Joseph Cook of the Clinical Society, were appointed as a committee to draft appropriate resolutions. In the meantime Dr. S. Bull, Jessie Sheppard, F. Park Lewis, J. F. Wage, D. G. Wilcox, Irving Snow, C. E. Stockton, George R. Stearns, A. L. Benedict, D. B. Stumpf, and W. D. Young delivered addresses eulogistic of Dr. Wright.

It was decided that members of the societies represented, and other physicians, meet in the Congregational Chapel on Bryant Street and Elmwood Avenue at 2:30 o'clock to-morrow, in order to attend in a body the funeral, which will be held at 3 o'clock at the late residence of Dr. Wright.

\* "Applied Homeopathy," Dr. Bayes, p. 57.

The committee on resolutions reported the following, which were adopted :

"We, the representatives of the Erie County Homeopathic Medical Society, the Western New York Homeopathic Medical Society, and of the Clinical Club of Buffalo, hereby express our deep sense of loss in the death of our friend and co-laborer, Dr. Andrew R. Wright. Our acquaintance with him has been such as to give us a thorough appreciation of those sterling qualities of mind and heart which made him a most valued member of the profession, and further endeared him personally to all those who knew him. His soundness of judgment, right-mindedness, and good-will toward his fellows, make us individually feel that in his death we have lost a father in medicine. His active labors, and the high positions which he has held in the councils of our State and National Medical Societies, have made him for many years the leading representative of homeopathy in Western New York.

"We hereby express our deep sympathy with his family in their affliction and resolve that these minutes be entered upon the records of the respective societies we represent, and that a copy of them be sent to his family."

At a meeting of the medical and surgical staff of the Buffalo Homeopathic Hospital, held at the hospital yesterday morning, the following expressions of feeling regarding the death of Dr. Wright were unanimously adopted :

"In the death of Dr. A. R. Wright the members of the medical and surgical staff of the Buffalo Homeopathic Hospital feel that they have lost not only a valued associate, but a personal friend. Dr. Wright had been connected with the hospital in a professional and official capacity ever since its inception, and had always manifested a lively personal interest in its welfare. He had given freely and unreservedly of his time, his strength, his counsel, his means for the furtherance of the interests of the institution, and in every department had ever shown the same deep concern and that faithful, conscientious attention which were his chief characteristics.

"The hospital will feel most keenly the loss of a firm friend and counselor. The members of the staff will miss a valued adviser, and each

will appreciate that a personal friend has passed out of this life to enjoy the fruition of a life consecrated to the service of humanity."—*Buffalo Courier*.



### THE NEW YORK STATE HOMEOPATHIC MEDICAL SOCIETY REPORT.

THE forty-eighth annual meeting of the New York State Homeopathic Medical Society met in the Common Council Chambers at Albany, February 13, 1900. This being the Jubilee year, it is the purpose of this Society to celebrate in a befitting manner at the semi-annual meeting to be held in Brooklyn the 3d and 4th of October, 1900. It is the intention to have papers upon various subjects pertaining to homeopathic medicine and surgery; the same to be read not only by the well-known men of New York State, but by prominent men throughout the country.

The meeting was called to order by President J. W. Sheldon at 10.45 A. M. and opened by prayer.

The Secretary read an obituary notice of the late Dr. Chas. E. Jones of Albany, N. Y.; a committee was appointed to send a memorial to the mother of Dr. Jones. Drs. Sheldon, Le Seur, Lewis, and others made touching remarks concerning their personal relations with and high estimation of the late Dr. Jones.

Dr. J. W. Le Seur of Batavia offered resolutions relative to the appointment of a commission which should have supervision over the plumbing and drainage of all the small cities and larger villages of the State for the purpose of effecting better sanitation. The matter was referred to Drs. W. B. Gifford, Attica; E. W. Bryan, Corning; D. H. Arthur, Gowando; and Dr. Birdsall for action.

The regular programme as arranged then followed: The following papers being read:

Dr. Daniel H. Arthur, Gowando, "Tremors."

Dr. J. W. Le Seur, "Absent Treatment."

Dr. Schenck, "Symptomatology of Reflex Eye Troubles." The paper was discussed by Drs. Charles Deady, John L. Moffat, and J. W. Dowling.

Dr. J. T. Dowling, "Earache and its Possible Evils."



Dr. De Witt G. Wilcox of Buffalo read Dr. Proctor's paper, "Review of the Year in Gynecology."

Two papers by Dr. Danforth of New York, "Bellis Perennis in Obstetric Practice," and "A Case of Rupture of the Uterus."

Dr. Emily F. Swett, "Uterine Inertia."

Dr. W. S. Garnsey, report of a case of "Mole Pregnancy."

"Some Suggestions on the Early Diagnosis and Treatment of Diseases of the Lower Bowel," by Dr. E. G. Tuttle.

"The Bottini-Fredenburg Prostatic Galvanic Caulerizer," by Dr. B. G. Carleton.

"The Early Recognition and Prompt Treatment of Gonorrheal Salpingitis" by Dr. De Witt G. Wilcox.

"Carbolic Acid in the Treatment of Tetanus," by Dr. B. W. Sherwood.

"Intussusception in an Infant Thirteen Months Old. Spontaneous Recovery. Later, Intestinal Obstruction, Excision of Stricture. Circular Enterorrhaphy, Recovery," by Dr. Horace G. Packard of Boston, Mass.

Dr. Fred. D. Lewis, "Sprays."

The evening session was called to order by Vice President Dr. E. Gorham.

After which President J. W. Sheldon's very excellent annual address, embodying a résumé of the work accomplished by the State Society during its lifetime, was read.

Evening session opened at 9 P. M.

Dr. Le Seur, Chairman, gave an oral address upon matters of vital interest pertaining to the health of the public.

Dr. W. L. Hartman upon "Contagion in Syphilis."

Dr. DeWitt G. Wilcox, "Constitutional Effects of Syphilis."

Dr. B. G. Carleton, "Treatment of Syphilis."

Dr. J. W. Candee, "Should Syphilis be Quarantined?"

Wednesday Morning, 10.55.

Gordon W. White, Chairman of Materia Medica, took charge.

This proved to be an experience meeting wherein each member present gave some brief verification of our Materia Medica, and was very interesting and successful; remarks were

made by Drs. G. G. Shelton, William Morris Butler, Park Lewis, Love, J. L. Moffat, George E. Gorham, and J. W. Candee.

"The Verification of Calcarea Carb.," by Dr. Deschere, was read by title.

Dr. Shelton of the Monument Committee then made a report showing some of the work which has been done in behalf of the monument and the necessity of immediately obtaining the remainder of the subscriptions necessary to set up the monument. He reported that the monument was now finished, was in storage in New York, that Congress had donated a site in Washington Park, together with an appropriation of \$4000 to erect the base, and it only remained for the homeopathic physicians of this country to raise the necessary funds to see the statue of the founder of our Homeopathic Materia Medica set up at our national capital. He suggested that a certain day be set aside in which every homeopathic physician of New York State should devote the earnings of that day to this fund. A motion to that effect was carried, the matter being placed in the hands of Dr. Shelton to be carried out as outlined. The Society then voted to appropriate \$250 of its funds to the monument fund. A subscription was also taken up from the members present which resulted in a sum total of \$1150 for this most worthy object. Dr. Shelton, together with the Secretary of the State Society, will make a thorough canvass of the State, probably setting aside Hahnemann's birthday as the date upon which the earnings of one day shall be given to the Monument Committee.

The election of officers resulted in the selection of Dr. William Morris Butler, Brooklyn, N. Y., President; Dr. Edward W. Bryan, Corning, N. Y., First Vice President; Dr. Lynn A. Martin, Binghamton, N. Y., Second Vice President; Dr. Emily F. Swett, Medina, N. Y., Third Vice President; Dr. De Witt G. Wilcox, Buffalo, N. Y., Secretary; Dr. Charles Deady, New York, Treasurer; Dr. Frederick E. Wadham, Albany, N. Y., Counsel.

Drs. E. H. Porter, G. G. Shelton, and R. B. Howland, were appointed a committee on nomination for State Medical Examiners, who presented the following: Dr. Asa S. Couch, Fredonia, N. Y.; Dr. J. W. Candee, Syracuse,

N. Y.; Dr. J. M. Lee, Rochester, N. Y.; Dr. F. E. Doughty, New York, N. Y.

The Nominating Committee for Medical Examiners for the ensuing year was: Dr. J. B. Garrison, New York, N. Y.; Dr. A. G. Warner, New York, N. Y.; Dr. D. J. Roberts, New York, N. Y.; Dr. F. W. Adriance, Elmira, N. Y.; Dr. C. R. Sumner, Rochester, N. Y.

An even dozen was dropped for non-payment of dues and nine new members were elected.



### *Professor Schenck's Method a Failure.*

A short time ago Professor Schenck of Vienna promulgated his method of determining the sex of any given conception by modifying the nutrition of the mother. At that time we stated in these columns that it would not prove reliable. Now the professor is suffering deep disgrace in his own country and throughout Europe on account of the signal failure of his method. The senate of the University of Vienna investigated his claims and his methods of obtaining patients and passed a vote of severe censure. Many of his aristocratic patients are clamoring against the deception practiced upon them. Yet his theory, while not by any means perfect, is in the line of scientific truth.—*Lx.*

[Oh, the exceeding fragility of fame! So it was with Koch, and Brown-Sequard, and Bergeron; and so it will be with countless other discoverers and inventors in medicine and therapeutics. But Schenck wasn't half smart. He should have emulated that shrewd Frenchman who had an infallible test for determining sex *in utero*. Being called in the sixth month he went through an elaborate paw-paw-ing and pow-wow-ing and declared "it is a boy," at the same time writing in his tablets "on such and such a date Madame X., a girl." Now if the expected happened, nothing was said to the doctor except praise. If, however, the unexpected happened, and the doctor was upbraided for his lack of prophetic foresight, he would say: "Pardon, one moment," and turning to his tablets would show that he had written there "a girl." Evidently, therefore, Madame had not heard him

correctly. There is but one sure way of determining sex, just as there is but one sure way of having no children.]

### *The Ambulance Running Amuck!*

The daily papers report a death by being run down in the street by a New York Hospital ambulance. If the report is true as stated, it is a case for the courts, and the responsibility should not be restricted to the poor driver, who is following instructions of his superiors. This ambulance nuisance is a subject for the grand jury. Ambulances have no more right to endanger life than other vehicles. There is no haste whatever in the majority of these calls. Make an example, and perhaps it will do good. If not, instruct the police to interfere, but stop it in some way.—*N. Y. Med. Times.*

[It is abominable—the practices adopted by rival ambulances in a city running to an accident case. Quite recently in Cleveland an ambulance tearing round a street corner ran into a loaded street car, severely injuring several persons. By what right do these wagons pre-empt the streets? Who permits them to tear through the streets like a fire engine or a patrol wagon? Stop it!]

### *Summary Action Threatened a Medical College.*

Palmar Arch Medical society of Cleveland held a meeting and banquet at The Hollenden last night. The principal discussion was on the reported graduation at the next commencement of a student in one of the local medical colleges, who, it has been proved, has not attended the required number of courses of lectures necessary for graduation.

There were three objections made to the graduation; first, not having attended the required number of courses of lectures; second, attempting to be registered by the Ohio board by means of a fraudulent diploma, and third, having practiced medicine for two years in this city while yet a student.

It was decided that, in the event of such graduation, the American Medical College association be appealed to and an effort made to have the charter of this college revoked.—*Cleveland Plaindealer.*

[It is refreshing to find a medical society which does not take up all of its time with Mutual Admiration, or in the relating of wonderful hysterectomies and the like. The Palmar Arch is bent upon doing something for the

purification of the profession and the colleges. It is a marvelous thing that any medical college should be so lost to the ordinary proprieties, to say nothing of the danger of losing its reputation, as to permit the attendance and graduation of a student whose credentials are known to be false. Evidently the Palmar Arch is loaded for b'ar.]

### *The American Institute Will Not Meet in Cleveland.*

Dr. Beckwith says the American Institute of Homeopathy will not hold its fifty-sixth session in Cleveland next June. Congress a few weeks since gave permission to erect the Hahnemann monument on one of the squares on Sixteenth Street, Washington, where stand the monuments to Daniel Webster and General Scott. The monument committee will unveil the statue about June 15, with appropriate ceremonies. The cost of the monument will be upwards of one hundred thousand dollars, of which eighty-two thousand dollars has already been subscribed.—*Cleveland Leader.*

[This item contains a good deal of information that "aint so." Dr. Beckwith has just returned from a winter in Florida and perhaps feels in a hyperbolic mood. But from other sources we also learn that the American Institute goes to Washington in June. The newspaper reports of professional doings are generally unreliable. We remember when the International Homeopathic Congress was in prospect at London, 1896, one of our local papers printed a news notice headed "The Only American" the purport being to convey the impression that the doctor referred therein to had been the only American asked to be present and contribute to the London Congress; when the fact was there were several; and this lauded doctor was the only one who did not go to London. It is a very easy thing to keep out of the daily papers when one wants to.]



### *Globules.*

Dr. H. E. Beebe of Sidney, O., read a paper on "Tuberculosis in Cattle," before the Farmers' Institute in Sidney, March 1, 1900. From such parts of this paper as we have had time to read we find it to be an interesting subject and well handled. Dr. Beebe always writes

a readable paper bristling with discussable points. And no one enjoys a sharp discussion on his paper more than Dr. Beebe.

The Illinois State Homeopathic Society meets in Chicago on May 8, 9, and 10. An interesting programme is being arranged.

The Northern Indiana and Southern Michigan Homeopathic Medical Association holds its eighteenth semi-annual meeting in the Council Chamber of the City Hall, Elkhart, Ind., April 24.

The Chicago Homeopathic Medical College advertises its tenth annual post-graduate clinical course to begin Monday, April 23, and to continue three weeks. This is one of the sterling homeopathic colleges of our land, and its annual post-graduate course is one of its chiefest merits. It is annually attended by a great number of physicians, who invariably express themselves as well pleased with the later knowledge imparted—since their graduation.

The Alumni Association of the Homeopathic Medical College of Missouri by its secretary, Dr. A. L. Boyce, notifies the brethren that the Association will hold its Forty-second Annual Reunion at the West End Hotel in St. Louis on Wednesday, April 11, at 8.30 P. M. Dr. Boyce, after briefly narrating the promised good things of the Alumni dinner, launches at some length into an advertisement of the college. This is a good fault. We love our alma mater and wish we could attend one of these meetings.

Victoria University of Toronto graduated its fifty-sixth class on March 2, with a fitting banquet and festivities at the close of the formal ceremonies. The dinner was given by the class in the large hall of the college and was attended not only by all of those who are identified with Victoria, but by a number of prominent friends. Among these we find that Dr. H. F. Biggar of Cleveland, an alumnus, was vice-chairman. Dr. Biggar was also one of the speakers of the evening, responding to the toast "The Alumni and Learned Professions."

From the very latest accounts we take it that the death of Dr. A. R. Wright at Chicago was not the result of an operation by Dr. Senn, but rather as the result of an accident which happened to the doctor himself while attempt-



ing to pass a rectal sound or instrument preparatory to flushing the bowel. In another page we print the resolutions of respect passed by his brethren of Buffalo. To this we can add but little, save in a personal way. We had been in frequent communication with Dr. Wright for years, and took much pleasure in referring patients to him who might be visiting his city. We found him ever a good counselor; always a patient one. His advice to us pending the Omaha squabble was good, and we profited thereby. He was a good man as well as a great and conscientious doctor.

**Dr. Edwin S. Munson**, corresponding secretary, says that the Alumni day of the New York Homeopathic Medical College and Hospital, will be celebrated on Thursday, May 3, 1900, the exercises beginning at 9 A. M. at the college, and followed by the commencement at 3 P. M. The alumni meeting and dinner will be held at Delmonico's, Fifth Avenue and 44th Street, New York, at 6 P. M., for which the toastmaster, Dr. Chas. H. Helfrich, has secured the services of a fine list of speakers.

**Referring** to the therapeutic value of a vegetarian diet Hoffmann of Leipzig considers it to be advantageous in two classes of disease: (1) in those neuralgic disturbances which occur in hysteria and neurasthenia, and which often exacerbate under animal diet; and (2) in cases of obesity coupled with constipation. Patients are almost always women, and provided their digestive organs are in good condition and they are capable of a certain amount of exercise, they may derive considerable benefit from a course of vegetarian dieting.

**Dr. Whitman** says in the *Hahnemannian Advocate* that "any physician from an accredited college may now be admitted into South Carolina by simply registering his diploma." Let us hope that this may be true. In a letter from an ex-patient now residing with an invalid sister in Georgia, we learn that there are lots and lots of doctors where she lives but no homeopath, and neither our correspondent nor her sister take at all kindly to the old-school treatment. But what can they do?

**The Hahnemannian Advocate** says it does not

accept the Porter definition of a homeopathic physician. But it does not very clearly define its objection. Evidently the main objection will come out of the West; does this mean that the East is become too learned to have much vitality left in it, while the robust and breezy west—keeping away from the homeopathic theology,—simply practices homeopathy and successfully, and lets the whys and wherefores take care of themselves.

**Dr. J. Coplin Stinson** of San Francisco, in a paper contributed to the *New York Med. Journal* (referred to in a condensed form by the *Homeopathic Recorder*), has discovered a new use for *echinacea angustifolia*. He alleges that it is a new aphrodisiac when the remedy is applied locally to the glans penis, or the female genitalia. Twenty to thirty drops is the classical dose.

**The** first essentials of nutrition are met in Eskay's Albumenized Food, which supplies sufficient albumen to the blood to replace that transformed into urea in the production of force. "Urea excreted is an exact measure of force produced, and albumen ingested is also an exact measure of the force that can be produced" (Alex. Haig, M. D., "Food and Diet" Physician to Metropolitan Hospital, London).

**The** Rio Chemical Company of St. Louis has issued two very pretty pamphlets with handsome title pages. We have said before that some one in St. Louis knows how to prepare advertising literature. The pictures and other trade matter issuing from St. Louis firms as a rule are attractive and apropos. And the Rio Chemical Company is a firm which has won its way with the medical profession by the stanchness and merit of its products. In advertising as in writing, more than half the battle is won by making the subject attractive. People will not read long harangues, however learned, unless specially interested. But a well-written paper, or one well pictured, will hold the eye of the average reader and make a friend of him.

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#### **The American Homeopathist.**

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# The American Homeopathist.

APRIL 16, 1900.

FRANK KRAFT, M. D., CLEVELAND, OHIO, EDITOR.

## OUR PORTRAITS.



CARL HAMMOND RUSH, M. D.,  
Wellington, O.

WE are happy to say that Dr. Richard Hughes of Albury, Guildford, England, is not on the superannuated list. He has voluntarily retired in part in order to have more time to engage in the literary labors which have already made his name known and famous wherever homeopathy is known and appreciated. He still continues to have office hours in Brighton. Dr. Hughes is one of the few men whom the homeopathic profession cannot afford to lose.

WHICH reminds us to say that Father Dudgeon also of England has somewhat to say in the *Homeopathic World* (Lond.) anent "serum therapeutics in excelsis," which is written after the fashion of his anti-bugteriology papers which were recently reproduced in these pages. Dr. Dudgeon is a sturdy old Roman—with no special emphasis on the "old"—and he brings that pen of his down with the recognized power and strength of a modern American. We have a very warm spot in our heart for Father Dudgeon since we met him in London and learned what an excellent homeopath he is.

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\* \*

OUR Chiefest Barb-Wire State—New York—harbors in its midst—that is in New York City, an Institute which professes to treat Diseases and Weaknesses of Men with homeopathic medicines. To what base uses may we not come at last! The pamphlet sent us says that "Homeopathy is an exact science. It has a certain, well-known and well-tried specific for each form of disease." This definition would suit some of our St. Louis homeopathic (?) pharmacists, who are issuing specifics galore for every ailment to which man may be heir. This *Heal Thyself* pamphlet is of the usual penny dreadful order, depicting in frightening colors the disasters which overtake young men and others. And even such contemptible scoundrels are able to exist in Barb-Wired New York, and batten upon the credulity of the public; while honest practitioners, a little rusty in the medical a b c's, are turned away!

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\* \*

THERE are over four hundred names on the reserve list of those anxious to proceed to South Africa as medical men.

## Materia Medica Miscellany.

Conducted by J. WILFORD ALLEN, M. D., 110 West 12th Street, New York.

References in this department are made by number. See issue of January 1 or December 15 of each year.

### *Rhus Aromatica In Enuresis.*

Adolphus<sup>28</sup>: The best single remedy I know of to treat successfully nearly all cases of incontinence of urine is *rhus aromatica*, in doses of 5 drops to 20 drops, repeated three or four times a day in water or milk; the doses are adapted to age. There are many valueless makes of *rhus ar.* on the market, and some that were once good have become worthless by being old. After a bottle of *rhus* has been opened it soon becomes weak, then valueless by age. When the article is good it very seldom fails. There are a number of other remedies that have done well, but they fail five times as often as *rhus aromatica* in curing this disease. This medicament is more successful in the cases of children and young persons than in adults, yet I have cured several grown people of enuresis with it. In some cases the dose needs repeating every two hours for the first week (10 to 15 gts.), then four times a day.

### *Arnica in Spinal Irritation.*

Duncan of Chicago<sup>11</sup>: Mrs. —, aet. thirty, a fleshy woman of medium height, was sent to my clinic by a Joliet physician. She complained of pain in the left chest and dry cough, worse in the evening. The chest wall was tender. Auscultation and percussion failed to reveal any disease of the respiratory tract. Deep breathing did not elicit any distress. Moving the arm well back and well to the right made the spot hurt, and placing the finger on the spine to the left of the vertebræ revealed tenderness. Riding in the cars would make her tired between the shoulders and bring on a headache that terminated in vomiting and sleep. Finally I elicited the fact that she was in the habit of lifting heavy articles such as a wash-boiler off the stove and once she heard a "crack" and had a pain ever since which was always worse after using the arm. The whole side was weak.

She had had all sorts of treatment without

benefit. The diagnosis was traumatic spinal hyperæmia, spinal irritation. The directions were for rest, explaining fully that there was no chest disease, so that her mind would be diverted and relieved. The similar remedy with a similar pathology was *arnica*, which was given in the 2c., one dose a day, at night placebo. She was also directed to sleep on the well side and never on the back. Four weeks afterwards the report came that she was so well she wanted to resume all her household duties, including washing. Reading from the spine will often help us to understand many complicated cases.

### *Urticaria; Myrica.*

Douglas<sup>4</sup>: Miss A. O., age eighteen years; white. Miss O. presented herself, complaining of itching and stinging on the face, neck, right forearm, and right leg.

On the face a sensation as if insects were crawling on the face, causing an attempt to brush them away.

The skin of the whole body has a decided yellowish tinge.

Tongue thickly coated, a yellowish coat.

On close cross-questioning I could elicit nothing further than that she felt sick all over, and was rather irritable.

*Myrica cer.* 6x, a dose every two hours.

Already on the second day there was decided improvement, which continued on the steady use of the remedy, until at the end of about ten days, when I next saw her, she felt entirely well, and discontinued treatment.

[This patient no doubt was suffering from a disordered liver. The symptoms calling for *myrica* are these (taken from Farrington): Despondency, dull heavy headache, worse in the morning; the eyes and sclerotic have a dirty, dingy, yellowish hue, the lids themselves being abnormally red; the tongue is coated a dirty yellow. The patient is weak and drowsy, and complains of muscular soreness and aching in the limbs. The pulse is slow. The urine is dark and turbid.]

### *Manganese.*

Eclectic Medical Journal recommends black oxide of manganese in cases of menstrual trouble, where there is a history of general malaise before the flow begins, with some pain,



rapidly growing worse as the flow is about to commence, and pain more or less during the first day. The manganese should be taken for at least three months, in doses of one, two, or three grains three times a day during the entire period. The size of the dose depends upon the ability of the patient's stomach to retain and assimilate the drug.

### *China Officinalis.*

B. L. Hotchkin, M. D., in Medical Advertiser, referring to the use of this drug in intermittent fever, says: It cures only when we find these symptoms: Anticipating or postponing type; chills generally in the forenoon, commencing in the breast; thirst before the chill and again as the chill passes off; the thirst begins and increases in proportion to the subsidence of the chill, so that between the chill and the heat there is thirst, and this for water, cold, little, and often; as the heat increases the thirst decreases, and in the midst of the heat he is thirstless; as the heat subsides his thirst begins, and it increases until the sweat begins to break out; the sweat is now copious and the thirst is for large quantities of ice-cold water. This peculiar thirst is found nowhere except in cinchona.

### *Ipecac. in Metrorrhagia.*

The fact that small doses of ipecac. have a favorable influence in arresting and preventing hemoptysis, induced Onimus to apply the same treatment to metrorrhagia, and he recently announced at the Paris Soc. de Biologie that he had found it remarkably effective.

[This remarkable discovery has been known to homeopathic practitioners for many years. The special indications for this drug, as given by Lilienthal, are as follows: Profuse menstruation, with a constant nausea, not a moment's relief, not even after vomiting; nausea proceeds from the stomach, and discharge of bright red blood is increased with every effort to vomit, and flows with a gush; violent pressure over the uterus and rectum, with shuddering and chilliness; heat about the head and debility, gasping for breath, faintness.]

### *Codeine.*

Geo. J. Lochboehler, M. D.,\*\* in a study of codeine and its salts, concludes thus:

1. Codeine is a most valuable drug as a sedative in the various forms of cough. It is an excellent anodyne in the pains of pelvic and abdominal origin, where morphine is contra-indicated and where the intestinal function should not be deranged. It is the best remedy in the medicinal treatment of diabetes mellitus.

2. It is best administered in the form of a sulphate for internal use and as a phosphate hypodermically.

3. Poisonous doses produce great restlessness, intense irritation of the entire body, spasms of the muscular system, and generally dilatation of the pupils.

4. No fatal case of codeine poisoning is recorded.

[The homeopathic indications given in Allen's "Handbook" under "Respiratory Organs and Chest" are: Tickling in larynx causing cough. Voice reduced to a whisper. Cough in morning with soreness and sticking; short and irritating cough, aggravated at night; cough with copious mucus and sometimes purulent expectorations. Sticking in left lung on breathing. Short pain in right lung on respiration. Pain in chest and shoulder on motion. Sore feeling in external region. Fullness and oppression of chest. Drooping sensation below left clavicle.]



### WHAT PART DID SULPHUR<sup>200</sup> PLAY?

By U. WILLARD REED, M. D., Topeka, Ind.

ON January 2 I was called to see Emer Y., æt. 3, who had taken sick during the night with vomiting, fever, and pain in the head. Having some homeopathic remedies at hand, the parents had given aconite. On examination I found the following conditions: Temperature 102°, very nervous and fearful, seemed afraid of everything, wild staring look, and very sensitive to light and noise. Pupils very much dilated. Head hot; especially the back part. Eyes much injected, very nervous and trembling. The mother had for some time past noticed a twitching and squinting of the eyes. The little fellow had often come to her and complained of his head aching, and would squint and wipe his left eye as if he could not see clearly. My diagnosis was acute meningitis. The symptoms

as given continued and convulsions followed. After the convulsions he lay in an unconscious stupor, partially arousing at times and crying as if in great pain. There was rolling of the head, more marked toward the left side, trembling and constant rolling of the eyes. The left arm and right leg also in motion; tetanus and opisthotonos. Bowels constipated; never moving without an enema. Temperature irregular, sometimes at its highest in the morning, at other times in the evening. Thus matters continued for some weeks. Consciousness returned and my little patient would answer some questions. He still complained of his head and eyes. Was nervous, and would pick incessantly at his lips and nose. Bell., veratr., cina., hel., hyos., and gels., were the remedies given. Dr. G. A. Whippy was called in consultation. No change was made in the remedies, except to substitute kali phos. when there was no fever. At this stage the fever would disappear for 24 to 36 hours: then it would return, the temperature running up to  $104^{\circ}$  and sometimes to  $104\frac{1}{2}^{\circ}$ , remaining for six, eight, to twelve hours; then drop to  $97^{\circ}$  or  $98^{\circ}$  and at times as low as  $96^{\circ}$ . Thus matters ran on week after week, sometimes better, sometimes worse. The diet I prescribed was milk and Bovinine: the milk not seeming to agree, I substituted Malted Milk; later, when he refused to take the Bovinine, I put him on pure sweet cream, of which he did not tire. As there was no improvement, and the little sufferer becoming more and more emaciated, I suggested to Dr. W. that he be put on sulphur 200 for a time, but the Doctor said he feared the consequences of the aggravation likely to follow. So the case was continued on the above named remedies as seemed indicated. Apis was given and also arsenicum. After two weeks more had passed and the fever still recurring and without any apparent change, I determined to give sulphur at a venture. Sulphur 200 was given till he had taken some twelve doses, when the little patient grew rapidly worse, and the symptoms all became so alarming that, when I left him at 11 P. M., I did not think he could live till morning. But to my surprise I found, when calling early the next morning, that the storm had subsided, and my little patient was resting quietly, though his pulse

was quite irregular: but his breathing, which at the time I saw him last during the night was very slow and irregular, was now quite natural. There was some aggravation of symptoms on the following day, but soon passed away and he became bright and more observing, his intellect much more clear. There was no more return of fever nor of any of the symptoms, and now, March 20, he has for two weeks been steadily and rapidly improving: and can sit bolstered up on his bed and talks and laughs, to the infinite delight of his parents and everyone else. And he has many friends, being one of the brightest and wittiest little fellows I ever knew. His remedies after the aggravation were cina. and kali phos. Now, the question with me is, has the sulphur played any part in this matter?



### THE WEAK HEART.\*

By T. D. NICHOLSON, M. D.

MY title sounds commonplace, but it is just because a weak heart is a matter of constant and everyday practice that I invite attention to its treatment. If we can agree upon its general therapeutics, so much the better for our patients.

I define a weak heart as one showing a feeble radial pulse and weak apex beat, without any well-defined morbid condition, and marked by no definite subjective symptoms.

In these cases the patients do not come complaining of their hearts, but of, perhaps, general weakness, or some other symptom unconnected with the heart. Perhaps some dyspnoea may be elicited on close questioning, but the debility produced by a weak heart disinclines them to exertion, and breathlessness may be unnoticed.

It has been argued that there is no such thing as a weak heart, but that, in fact, it means a diseased heart. But surely the heart, being a muscular organ, may be functionally feeble and the contractions imperfect, as in any other muscle, or the innervation deficient, and the best proof that it is so is the fact that patients entirely recover from such functional weakness. In other cases the weakness may be a prelude

\* Read at a meeting in London of the Western Counties Therapeutical Society, January 31, 1900.

to degeneration or dilatation. The senile heart generally shows feebleness before any morbid symptoms are evident. If, therefore, we can treat such cases in an early stage, before any subjective symptoms develop, we shall do more for our patients in prolonging life and saving anxiety than we can do afterward with prolonged medication. In early life the principal causes of weak heart are anæmia and acute disease. In later life the causes are complicated and various, and are all intensified by the gradual loss of elasticity of the arteries and the consequent strain put on the organ. Chronic ill-health, influenza, dyspepsia, and diseases generally tending to impair the quality of the blood, loss of blood, the abuse of alcohol, prolonged exertion, too hard work, insufficient food, the cares and worries of the battle of life (especially in those of an irritable temperament), all these causes weaken the heart, and if persisted in, end in some pathological change.

In many cases it is difficult to decide whether the case is a functional or an organic one—whether the myocardium is merely weak, or whether degeneration has begun or even is advanced already. The first noticeable change is usually dilatation of the left ventricle, indicated by an apex beat obscure and even imperceptible on palpation, but the heart sounds are still normal and percussion dullness unaltered. An accentuated aortic sound would imply dilated aorta as well, and would be a confirmation. The symptoms which usually follow, such as irregularity, precordial anxiety, or easily excited pulsation from exertion or emotion, draw the patient's attention to the organ, and then medical help is usually sought. It is to the condition before this stage is reached that I wish to confine my paper. The principal point to determine is, I think, the apex beat—whether it is defined or diffuse. If the latter, probably some slight increase in lateral dullness may be made out, and the point of strongest pulsation has extended to the nipple line or beyond, though still keeping in the fifth interspace. With dilatation, too, the first sound becomes impure—either prolonged, or booming, or dull. The pulse is feeble and of low tension until hypertrophy supervenes. The three stages being: first, weakness; second, dilatation; third,

hypertrophy; though in more healthy hearts hypertrophy and dilatation go on at the same time.

But a weak heart may be the first stage of fatty degeneration, whether from infiltration or deposit—the former among ill-fed and hard-working people, and the latter among the sedentary and well-to-do. The symptoms of cardiac weakness are found in both diseases, but general obesity marks out those likely to have fatty deposit, though their hearts are always very difficult to examine with accuracy.

In fatty infiltration, or true degeneration, the first symptoms are discovered in the pulse. It may be regular or irregular, rapid or slow, but is of low tension. The heart's impulse is weak or absent, and the first sound short. There may be no dilatation, but the sharp, short, first sound is diagnostic. Other symptoms quickly follow to confirm the diagnosis—*e. g.*, dyspnœa, pallor, and syncope, and later on anginal attacks. Exertion quickly brings on serious symptoms.

As the normal heart requires a constant supply of pure blood to keep it in condition, so it is the first organ to suffer from changes of nutrition. Degeneration follows either from long-continued anæmia, old age, and cachectic states, or from failure of local nutrition, say in valvular disease, in imperfect flow in the coronary arteries, and also in atheroma.

There are other pathological conditions found *post-mortem* which do not come within the scope of this paper, and which can hardly be diagnosed during life—*e. g.*, chronic myocarditis with fibroid degeneration, and syphilitic myocarditis.

There is also the senile heart, which may show marked weakness without any disease further than what is caused by the greater resistance in small arteries and capillaries, from loss of elasticity of the former and blocking of the latter, as peripheral changes occur in the course of nature. The most marked symptom of this is irritability of action.

The nervous heart is not usually a weak heart, and need not be considered here.

Does the sphygmograph give us any practical help in estimating the amount of weakness, or point to pathological change? I think it is of value, though not to be relied on by itself.

It helps us to measure the force, tension, and



regularity of the pulse, besides keeping a record for future comparison. It generally indicates valvular complications, atheroma, hypertrophy, and disease of coronary arteries, but not commencing degeneration.

The treatment of the weak heart, if properly carried out, is one of the most successful things in modern therapeutics, and, fortunately, it is common, I believe, to both schools of medicine.

I find most patients need dieting. Some eat too little for the work they have to do—active nervous business men and many women, full of care and worry, who live too much indoors. Others are intemperate in eating and drinking, and thus increase the work of the heart without any compensating hypertrophy, and the organ gives way. Dr. George Balfour says "excess in food is a much more serious menace to health and life than excess in drink, and it is specially so in senile affections of the heart." Sir George Humphreys gave conclusive evidence of the universality of temperance in all people who attain to a great age.

Dr. Balfour's four rules for weak hearts are :

1. Five hours between meals and three meals a day.
2. No solid food between meals.
3. Dinner in middle of day.
4. Meals as dry as possible.

For ill-nourished patients with weak digestion I recommend beef minced raw and then quickly cooked, say, six minutes in a water bath and eaten hot, and find delicate people can be persuaded to eat four to six ounces of this twice a day with great advantage. For wakeful people I often order whisky and milk during the night, and for others meat juice is sufficient. I find meat juice in water or soda water often very useful before meals, apparently giving tone to the stomach.

I have not much confidence in alcohol in the treatment of weak hearts except with food, and whatever quantity seems necessary, whether of spirits, wine, or beer, to assist digestion and appetite. When the heart is fatigued from exertion, and alcohol seems necessary, food is generally needed also. When there is any high pulse tension the diet usually needs restriction, and the weak heart in these cases may be pro-

duced from plethora rather than anæmia. Dr. King Chambers recommended a dry diet in most heart cases, and I think this is generally approved of.

The subject of next importance in treatment is exercise. Stokes and Oertel have revolutionized medical views and practice since 1854 in this matter. I am greatly in favor of judicious exercise in cases where the muscular structure is free of disease. Horseback exercise, cycling, walking, and even running and hill-climbing, if done slowly and without much effort, are most useful. All these movements are under control, and the effort can be gradually increased and the heart-beat found to respond to the stimulus. Swedish drill is also excellent, and I often prescribe with great advantage regular movements to be performed for, say, five or ten minutes every morning and evening—both trunk and limb movements and deep breathing.

All exercises should be stimulating and never fatiguing for real benefit to result. The most recent book giving the necessary directions for these exercises is the "Handbook of Medical Gymnastics," by Dr. A. Wide of Stockholm.

Notwithstanding the great benefits to be derived from proper exercise, there are many cases which need rest, and I have prescribed a sea voyage with advantage in some. Any strain is then avoided, while the stimulating sea air improves nutrition.

But the most important part of the treatment of cardiac failure or debility is the drug treatment, and the remedies proved to be of the greatest value are those described by the old-fashioned word, tonics—strychnine, digitalis, strophanthus, arsenic, and iron. In addition to these, vascular stimulants are sometimes needed, *e. g.*, ether, nitroglycerin, ammonia, and alcohol.

I will not weary you by detailing the uses of such well-known medicines, but merely refer to a few cases in the hope of eliciting your criticism.

1. L. J. S., æt. sixty-five, came to me many years ago complaining of general weakness, but no special symptoms. The organs all seemed healthy, but I found the pulse feeble, and the heart sounds wanting in tone. She was getting depressed at her condition, which had lasted a long time. I ordered digitalin and ars. strychn-

nine, and in three weeks after, having taken in all two grains of the former and one grain of the latter, she felt quite well, and as I occasionally saw her for several years afterward I was told she never had a recurrence of the weakness.

2. E. D., æt. fifty, of feeble constitution, complained of weakness, headache, biliousness, and frequent attacks of catarrh. The biliousness was cured by bryonia, the catarrh by arsenic, but the weakness did not give way. She also had afterwards occasional precordial discomfort and feeble heart beat. After two or three weeks of strychnine,  $\frac{1}{30}$  gr. a day, she recovered her strength, and now never gets her former attacks of biliousness nor catarrh.

3. H. C. L., a stout, nervous man, and always ailing, æt. sixty-five, had liver attacks frequently, rheumatism, indigestion, catarrh, and depression. His pulse was feeble and rapid, and the heart beat indistinct. His symptoms were treated by various remedies with temporary success, but the heart did not improve. Strophanthus 3x had a sensible effect and improved his pulse for a time, but after a while the old symptoms returned. I then gave ars. strychnine for some weeks, and for the last two years he has been almost free of all his former troubles, and the heart seems to have permanently improved.

4. E. C., æt. sixty-five, had influenza several times. Since an attack in May, 1899, he has never felt well, has an active business, but did his work with great difficulty, and got no benefit from change of air. He says his heart broke down in the autumn, but I did not see him till December, and he was then suffering from influenza, with acute bronchitis and orthopnœa. In addition to chest remedies I gave digitalis and strychnine, which he has taken regularly ever since. He feels now quite well, can work all day with comfort and without fatigue. He has some dilatation of heart, but is without symptoms.

5. Mrs. A., æt. seventy. This is a case of chronic heart disease,—fatty degeneration,—but I include it because at the beginning it looked like an ordinary case of weak heart. The pulse was feeble, the sounds toneless, and no valvular trouble. Here digitalis and strychnine did no good and did not agree, and subsequent attacks

of syncope, precordial pain, and dyspnœa decided the diagnosis. Strophanthus, ether and ammonia, and complete rest give great relief and make life bearable and almost uneventful.

6. Miss B., æt. eighty. This is a case of weak heart with aortic complication of long standing, and may be included in the list. Twenty years ago she seemed likely to collapse from heart failure after bronchitis, but under almost continual treatment by digitalin and strychnine, broken by periods of rest and constant high feeding, she has been without heart symptoms. The aortic murmur remains the same.

The drug I have found most serviceable in these cases is strychnine, and it is often sufficient to effect a cure alone. The reason of this is, I think, that strychnine is such a general stimulant of function, both of muscle, nerve, and circulation, and in small doses I have never perceived any reaction. The doses I give are usually about  $\frac{1}{40}$  to  $\frac{1}{20}$  gr. during the day. Digitalis is necessary when the pulse is quick or irregular, and I give more frequently the granules of crystallized digitalin in 1 milligram doses. In dilatation I find the  $\phi$  tincture effectual in three- to five-drop doses.

Strophanthus has a very similar action to digitalis, and though I have frequently used it I have not found it in any way superior. When digitalis is indicated strychnine is generally indicated at the same time, and practice proves them to work very well together.

Arsenic and iron are especially useful in anæmic and chronic cases.

Dr. Brunton says: "Large doses of digitalis render the pulse extremely rapid, but moderate doses slow it. The moderate administration, when there is a rapid pulse, is extremely beneficial. This might be called homeopathic treatment, inasmuch as the dose administered is smaller than that which would make the pulse rapid in a healthy man, but it might also be called antipathic, inasmuch as the same dose administered to a healthy person would also slow the pulse."

I do not profess to unravel the action of these medicines. Tonics which are direct stimulants of function do not exert their therapeutical power in very small doses, and,

perhaps, they should not be included under the rule of "similia," but as physicians we cannot do without their aid, explain it as we may. We certainly use the primary action of the remedy, and hence need a more material quantity, but I think the result is as rapid as in prescribing a "dynamized" drug from purely symptomatic indications.

To conclude this short sketch of, as one may say, first aid in cardiac therapeutics, I may add that I have been sometimes struck by :

1. The rapidity of the restoration to health.
2. The non-return of the same condition, *i. e.*, relative permanence of the cure.
3. The disappearance of other symptoms which had been troublesome for some time.



### THE SINGLE REMEDY IN MENTAL AND NERVOUS CASES.\*

By JUSTUS H. COOLEY, M. D., Plainfield, N. J.

THAT mental and nervous diseases are rapidly increasing there is no doubt, but the overcrowded condition of the State institutions is due very largely to faulty and over-medication in the early stages. We all recognize the extreme delicacy of the structure of the brain and the nervous system, and we know full well the profound effects on the healthy brain of belladonna, stramonium, hyoscyamus, cannabis indica, to say nothing of morphine, codeine, sulphonal, and the bromides. How important, then, that we should exercise extreme care when called to prescribe for a patient, in whom the brain is excited and disturbed in its function and its sensitiveness increased many fold? We may quiet him and give the family rest at night, but we have given another blow, and a severe one, that may be more difficult to cure than the original disease. Not infrequently patients are admitted to Brookside who are taking two, three, or more powerful drugs in alternation, with another at night, to produce sleep. Surely no more than one remedy could be indicated, and the others must do harm. If not, they certainly interfere with the indicated remedy and retard or destroy its action. When we have a mental or nervous case to treat, too much care

cannot be given to the selection of the remedy. Study the symptoms closely, and when the right remedy has been chosen only one will be needed, and the results will not fall far short of the miraculous. A few cases will illustrate this fact.

A lady of forty-five had suffered from several attacks of insanity. She had been taking three remedies in alternation during the day with an additional remedy at night. The case was peculiar in that she would be seized with an irresistible inclination to talk, which came on at noon and continued two hours, and again at midnight for the same length of time. Stramonium was selected from among the remedies she was taking, and it cured her in a few days. This was six years ago, and she has had no return.

A clergyman, aged forty-five, had been under old-school treatment, and was thought by his physician to have paresis. He had taken \$34 worth of drugs in the past three months. He could not sleep even under narcotics; was emaciated and so weak that he could scarcely speak, and could walk about the house with great difficulty. The tongue was heavily coated, appetite gone. He suffered from pains running up the back and into the head, was utterly depressed and helpless. The reflexes were exaggerated. He was extremely nervous, and all his troubles were aggravated by noise. Nuxvomica made a new man of him in eight weeks.

A man, age sixty, had melancholia sixteen years previously and was in the Middletown Asylum several months. Recently he was attacked with acute bronchitis. When the bronchitis abated the melancholia returned, accompanied with an irresistible impulse to suicide. Respiration was rather labored with large mucous râles. A paroxysm of coughing was followed by a paroxysm of suicide mania. Three powders of hepar sulphur cured the whole case in two weeks.

A woman, age fifty-two, had suffered from epilepsy for twenty-five years. Had recently been under an old-school specialist, hoping to be cured. While under his treatment she lost her mind entirely and became much emaciated. When she reached Brookside she was semi-conscious, talking constantly but incoherently.

\* Read before the N. J. State Med. Society.



hip-joint gone, can move both feet freely. Colch. twice a day, and by the 18th she was quite well and got up.—Mossa, A. h. Z., cxxxix., 114.



## Correspondence.

### THE AMERICAN HOMEOPATHIST :

I see in your journal of February 15 an article on *Sabal Serrulata* for enlarged prostate gland. I have been using this drug for six years, in the troubles for which it is usually prescribed : chronic gleet, dysuria of old men, enlarged prostate, etc., as well as to reduce obesity, which it will do in about three-fourths of the cases.

Six years ago I purchased a one-pound bottle of the fluid extract of J. S. Abbey's Son, of Dayton, O., and its action was splendid. It was a dark-green color and I never found any more like it. For five years I have tried to get the same ; have told every traveling man that came along, and each sent me a sample of his preparations, but none of them was equal to the Dayton article. I tried samples from every homeopathic pharmacy in the State (mother tinctures), which were worse than useless. I tried hundreds of samples which were sent me from various chemical companies ; none of them were good. To name the various preparations would take a volume, and they all failed.

In August, 1899, while in Dayton, O., I visited the old firm, and told them the *Saw Palmetto* which I ordered from them by mail was not like what I had purchased six years ago. They argued with me, but after looking the matter up they learned I had purchased years ago a preparation from Burrough Bros., of Baltimore, Md. I came home and had my home druggist purchase me a sample of Burrough Bros.' Fluid Extract, and it is what I have been hunting for for five years. It is almost as green as grass and has an oily surface. It is made from the fresh green berries. The root preparation is useless, as is also the dark-colored extract made from ripe or dried berries. The mother tinctures are of little value, being made in the same way. I buy the Fluid Extract from Burrough Bros., and make my tinctures from

that, which makes them a very green color. One sample from Burrough Bros. will show you I am right. Try it once.

C. S. ESTEP, M. D.

LEXINGTON, ILL.



## MEMORIAL.

### EDWARD AUGUSTUS GUILBERT.

Born June 12, 1826 ;

Died March 4, 1900.

Dr. Guilbert was born in Watertown, Jefferson County, New York. Attended the public schools and the Black River Institute at Watertown. Removed in 1837, with his father's family, to Chicago. Graduated from Rush Medical College, Chicago, in 1847. Practiced his profession first at Ottawa and later at Waukegan, Illinois. About 1852 he adopted homeopathy as his system of practice and removed to Elgin, Illinois, where he remained until his removal to Dubuque in 1857. From 1862 to 1865 he was surgeon of the board of enrollment for the Third Congressional District. He was chosen Captain, Co. A, 46th Iowa Volunteer Infantry, and in that capacity served five months in western Tennessee.

The doctor was married in 1847 to Miss Kathleen Somers, who survives him, and by whom he had nine children, all of whom are dead except his son Guy and a married daughter, Mrs. Daykin, of Nashville, Tennessee.

Dr. Guilbert was very prominent in Masonic circles, having been connected with the order for half a century and having been advanced to the Thirty-third Degree, a distinction, it is said, enjoyed by only two other Iowa men. He was also a prominent writer upon Masonic matters, and editor of the *Evergreen*. He was prominent as a member of the Grand Army of the Republic and was several times commander of Lookout Post, Dubuque, of which he was one of the organizers.

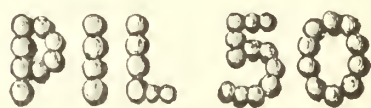
Dr. Guilbert was appointed a member of the State Board of Health by Governor Horace Boies, January 31, 1890, and was after seven years of faithful service appointed by Governor Francis M. Drake to succeed himself. His

connection with this Board and the State Board of Medical Examiners covered a period of ten years, and he was promoted to the presidency of both Boards. During all the time of his service on these Boards he missed but one or two of the meetings, which are held quarterly. He was enthusiastic in his devotion to the sanitary and hygienic interests of the State. His learning, observation, and experience were always devoted to his official duties. He was a frequent and very acceptable contributor to the Iowa Health Bulletin as "Soliped," and his presence was always an inspiration and aid to the Board at its meetings. There is not a member of the Board but regards his departure as a personal loss.

He was a man of fine literary ability, of extensive culture, a fluent writer, and an eloquent speaker.

His remains were interred in Linwood Cemetery, Wednesday, March 7, with impressive ceremonies, conducted under the auspices of the Masonic fraternity and the Grand Army of the Republic.

Sleep, brother, sleep! sweet be thy rest!  
Thy conflicts and thy toils are o'er.



### *Appendicitis in High Life.*

We learn from the dispatches that Ambassador Romero underwent an "entirely successful operation for appendicitis" on Wednesday last. Unfortunately, however, the Ambassador failed to appreciate it and his body is now lying in state.—*Cleveland Leader*.

[This morceau we find among our laid-away and forgotten Globules. However, its chief point is still apt and apropos. The operation was successful. It always is. It was successful with the late Dr. Johnson, coroner of Cleveland, and with poet-doctor Rand. But they all died. Why not give Surgeon General Terry's oil treatment and Dr. Biggar's methods a chance? Or try Dr. Hutton's plan (*Medical Record*): "free calomel and soda purgative, supplemented by

hot applications, to be followed by a saline if action is too slow."]

### *A True Woman- Doctor Appreciated.*

In the *N. Y. Journal* for February 15, Mrs. Carrie Chapman Catt, the woman who has succeeded Susan B. Anthony as President of the National American Woman's Suffrage Association, in giving the reasons why the association should meet in Minneapolis in 1901, that, "it is the home of Dr. Cora Smith Eaton, a magnificent organizer, and sure to make a success of any work she took hold of."—*Minneapolis Hom. Mag.*

[We do not know how magnificent an organizer Dr. Cora Smith Eaton may be, but we know she is a first-class homeopathic physician of whom her patrons, as well as her professional brethren, are proud.]

### *All Things Possible with Faith.*

The following testimony was recently given by a woman at the anniversary services of faith-cure believers, which was held at Mount Zion Sanctuary in Chapel Avenue, Greenville, N. J.: "This man, when young, spilled some acid in his eyes and destroyed the sight of both. The physician removed his eyeballs and he was totally blind for many years. He was finally persuaded to pray for the restoration of his sight. Shortly afterward he felt something growing in the places where his eyeballs had been. New eyes were given to him, and to-day he can see as clearly as any person here." We are now waiting for a raising from the dead.—*N. Y. Med. Times*.

[Comment is unnecessary. Language is inadequate to the task. So we forbear.]

### *Rules to be Observed By Consumptives.*

No consumptive should expectorate upon sidewalks, floors of rooms, public halls, railway cars, or other vehicles, or in any other place where the sputa, when dried, will be a source of danger. Cuspidors in hotels and other public places, and in rooms occupied or used by consumptives, should always contain a little water, or better still, a disinfecting solution.

At home, expectorate into a cup kept for that purpose, in which there is a disinfecting solution, and boil cup.

Never expectorate into a pocket handkerchief or cloth which will be allowed to dry. Immerse

handkerchiefs in boiling water before storing them with the soiled linen.

For use upon the streets or when away from home, thin Japanese napkins may be provided. After using, they should be folded and burned at the first opportunity.

Do not spit where domestic animals can have access to this matter. Cattle and fowls are susceptible, and become in turn sources of infection. In fact do not spit at all where sputum cannot be destroyed before it can dry.

Do not spit on streets, and never swallow the sputum.

No tuberculous person should kiss any one on the mouth.

Tuberculous patients should be smooth-shaven. It is impossible to keep a beard clean and from being infected.

The tuberculous must always sleep alone.

All bed clothing should be changed often, every day when the case is far advanced (no puffs or comforters should be used on the bed), and should be at once immersed in boiling water for four or five minutes.

Have separate table utensils and cause them to be scalded as soon as used.

A tuberculous mother must not nurse her baby, nor kiss it on the mouth, and in preparing its food must observe special care.

Tuberculous persons should not engage in occupations where they are compelled to handle food products, as in bakeries, etc.

Be careful not to infect sleeping berths when traveling.—From *Sanitary Bulletin*, State Board of Health.

[To which we would add one more rule: viz., Go to the nearest lake and jump in !

Who ever before saw such an array of nonsense strung together like this ? Has a consumptive no rights ? If he has not, why leave him at large ? Incarcerate him like a madman or a criminal, and be done with it ! But the syphilitic—whose very touch and breath are poison—him we do not molest. The tobacco hog may spit anywhere in street car or on street. The woman with twenty pounds of skirts is allowed to sweep the foulness and filth from the streets and gutters and sidewalks into clean and pure homes. But the poor consumptive is hunted and driven and sequestered and don't-ed to death—though wholly innocent.]



An early and important symptom of incipient tuberculosis is the tendency to cough on deep inspiration.

## Globules.

Dr. Henry Chandlee of the *American Medical Monthly*, Baltimore, is in Europe visiting the hospitals.

Dr. De Witt G. Wilcox of Buffalo succeeds Dr. John L. Moffatt of Brooklyn as Secretary of the New York State Homeopathic Society. We of the West and Middle West supposed that Dr. Moffatt, because of his efficiency, was a permanent fixture in the position of Secretary, which he has occupied with so much credit for a series of years.

Dr. Gould's (New) Pocket Medical Dictionary (P. Blakiston's Son & Co.), has reached us and proves to be an improvement over its predecessor edition, in that it has been enlarged to 30,000 words and 837 pages. Dr. Gould's larger dictionary has now reached the phenomenal sale of 100,000 copies. The pocket dictionary has many excellences which need to be seen to be appreciated. It costs but \$1.00. We recommend it most highly.

"**Homeopathy** : What it is and Why it is ?" a little contribution for popular distribution by Dr. D. H. Roberts of Owatonna, Minn., is an interesting and very graphic account of what it purports to treat. Why this did not take the \$300 prize in the *Medical Visitor* Fall races we do not know. Possibly because Dr. Roberts didn't send it there. But anyway it is a lively little book, and one that may safely be left with your families in the expectation of doing you and the cause good.

Dr. Danzoger records the case of a patient who, while swimming on his back, was suddenly troubled with such severe vertigo that he was at once obliged to leave the water, and was only able to do so with difficulty. The patient was aware that some water had entered his right ear. The vertigo lasted two days, and was only relieved by catheterization. The effect of the water in the tympanic cavity appears to be due to compression exerted on the labyrinthine fluid, which is in turn propagated to the cerebrospinal fluid. The author is of opinion that several cases of sudden death or drowning while bathing may be accounted for in this manner, and he cautions persons having any form of dis-



ease of the tympanic membrane against risking rupture or sudden entrance of water into the cavity.

**Vessels** of the French merchant marine are now required by law to carry medical officers.

**Paris** will shortly name a certain street after Eugène Bouchut in honor of his invention of the intubation of the larynx.

**A Congress** on Tuberculosis under the patronage of the queen of Italy will take place at Naples in the spring of this year.

**A recent** decree enables the holder of a medical diploma from a foreign university of recognized standing to practice in Brazil.

**A young** homeopathic doctor would like to associate himself with some good physician to study for hospital entrance. Doing driving, taking care of horses, acting as assistant, or practicing on shares to defray living expenses. Address P. B. P., care A. L. Chatterton & Co., New York.

**Says** Dr. Horace T. Dodge of Denver, in *The Critique*: "If asked the question 'What remedy do you consider the most important in our materia medica?' I would unhesitatingly answer kali phosphoricum. It is the most important because it is indicated in a greater number of conditions than any other; and when the action of this wonderful curative agent becomes known, and we are certain of its physiological effects in detail, and are enabled to know just to what extent it can be safely administered, then will the world hear of the most brilliant cures which have been made in the history of medical science."

This is pretty strong language. If it had appeared in the *Homeopathic News* under the signature of that marvel-worker of the Far Northwest, Chapman by name, we would know in what class to put it. We believe Chapman claims that it is the beginning of life, nay is life itself. Dodge does pretty nearly the same. Why hasn't some one of the older fellows at the anvil discovered something of this sort? We know of several fairly successful homeopaths who do not know anything about this remedy. We therefore print this paragraph in order to call attention to its wonderful virtues.

**There** are 106 medical schools in the United States.

**The** authorities of the Jefferson Medical College propose a scientific study of hanging.

**A chair** of inter-tropical pathology has been created at Havana, and Dr. J. Guiteras appointed to it.

**The** osteopaths of Illinois will make an effort to test the medical-practice act passed by the last legislature.

**A bill** has recently been introduced in the Kentucky Legislature providing for an appropriation of \$50,000 to establish a colony of epileptics.

**A bill** was recently introduced in the New York Legislature providing for the appointment of a staff of consulting physicians for the hospitals for the insane.

**T. Griswold Comstock, A. M., M. D.,** St. Louis, Mo., says: "I have made use of Buffalo Lithia Water in gynecological practice, in women suffering from acute uræmic conditions, with results, to say the least, very favorable."

**Thorough L. Bradford, M. D.,** pays his respects to some of his critics in a recent issue of the *Homeopathic Recorder*. And he makes his point, as he always does. Dr. Bradford happens to have tables and figures back of him which cannot be downed by any idle talk or editorial surmise.

**A duster**, particularly that potent distributor of germs, the feather duster, should never be used in the room habitually occupied by a consumptive. The floor, woodwork, and furniture should be wiped with a cloth moistened with a mixture of Platt's Chlorides and water (one part to eight). If carpeted the floor should be well sprinkled with this dilution before sweeping. The cuspidor should be washed out daily with boiling water and a mixture of one part Platt's Chlorides and four parts water kept constantly in it to receive the sputum.

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# The American Homeopathist.

MAY 1, 1900.

FRANK KRAFT, M. D., CLEVELAND, OHIO, EDITOR.

## OUR PORTRAITS.



SIDNEY F. WILCOX, M. D.,  
New York.

The meeting of the American Institute of Homeopathy at Washington, D. C., has now been fixed for June 19 (instead of June 5).



## THE INSTITUTE TRANSACTIONS, WITH REFLECTIONS.

THERE will be those who will wind their complaint because of the lateness in appearance of the present issue. If, however, they will turn to the general secretary's note of explanation—his Prefatory Note—they will see that he has taken the wind out of their sails. This annual tardiness in the return of manuscript by those to whom their little speeches have been sent for correction is one of the banes of the secretaries' lives. As recording secretary

we had our hands full of quarrels because we lost our patience and wrote sharp and complaining letters to these delinquents. Some of the worst offenders were those who knew better, and among them some of the perennial complainants because of the late appearance of the Transactions. We could give the names of a dozen members who are so much in the Institute's eye that one dare not leave out their remarks for fear of breaking the thread of the narrative, who *never* return their MS. without two or more "bonings." What shall the general secretary do in such cases? He cannot well go on with the mutilated copy, or the incomplete copy. And if he did leave out the remarks of these "eminent" practitioners and surgeons, and made a fairly smooth report of the session or discussion without the eliminated remarks, think what a howl that left-out orator would make as soon as the printed book fell into his hands!

No, the trouble with the belated Transactions is with the members who hold back their revised remarks. The general secretary cannot, dare not, go to press with the unfinished copy. It has long seemed to us—and we had the honor to occupy the chair of reporter for a number of years before we were made its first recording secretary—that the sending back to the speakers of their little fourth-of-July orations was and is a mistake. A man who wants to discuss a question before any section should prepare himself with proper data held in hand; then, when he is delivered of his burden, hand his data to the reporter of the section, who will see that no crass errors creep into the transcript. Inasmuch as the reporter's notes are revised by the recording secretary, who is (or was) an expert stenographer and a physician and editor; and

again revised by a publication committee of three; and still again by the general secretary two or three more times, it would seem that sufficient caution is taken to prevent misrepresenting and misquoting the speaker. Another trouble with these extemporaneous remarks is that when the member gets his little blundering speech in the quiet of his library with encyclopedias in front of him, encyclopedias to the right and left of him, he is prone to widen out and lengthen those five-minute speeches until they lose all semblance of spontaneity and appropriateness and present simply a lecture or learned dissertation with copious quotations of figures and dates.

Another thing we noted in our mad career as Recording Secretary was that those men who had had most to do with printer's ink, and public speaking and reading, did the least correcting of their to-them-submitted copy. Of these we remember with gratefulness Gatchell, Dewey, Aldrich, Van Baun, Wood, Ludlam, the Allens, McElwee, Biggar, and quite a number of other wheel-horses. We were always sure of a prompt return of copy sent them, and with only minor corrections, mainly the placing of emphasis or punctuation. The American Medical Association does not submit copy to its members for revision. That's an old trick of the *Congressional Record* and ought to be top-shelved in all modern and progressive societies. So we are inclined to advise, now that we are no longer in the traces and therefore cannot be benefited by the change, that the transcribed remarks of members be not submitted to them for correction. Until that is done, the Institute may depend upon it, there can be no earlier appearing of the printed Transactions than now. Dr. Porter is to be sincerely congratulated upon the expedition with which he has produced the present volume. He has worked hard and assiduously to give the profession a volume that would be acceptable and modern in every possible way. He was ready with his part of the work several months ago. And had there been a proper spirit shown on the part of the dilly-dallying members, the book might have been in the hands of the membership many weeks ago. The work is excellently done. It is an immense task for one man, who is editor and busy prac-

titioner besides, to read over in manuscript the copy for nearly a thousand pages of printed matter. It requires rare training and patience and time as well. The whole book has been printed with new type and the general arrangement changed so as to make it the most progressive of all its predecessor volumes. This will be especially noticeable in the list of names and of the statistical work in the rear of the volume.

We are glad that the President's handsome face looks out at us as a frontispiece to this handsome volume. We hope this printing of the President's picture will continue to be a fixed affair. Dr. Bailey has been an exceptionally fine President and hard worker, and deserves the little added honor which this picture will reflect upon his administration. We may say, in an aside, that he has most agreeably disappointed a great many Institute members who feared for his accession to the highest place in our beloved Institute, by reason of his apparent youth and inexperience. But he has labored nobly and enthusiastically for the good of the profession of homeopathy and its popular Institute; he has given it a distinct impetus forward. His presiding at Atlantic City was a marvel of conciseness and correctness. It was the opportunity of his life and he was equal to it. No one had a word of complaint for the general conduct of his administration, and there was but the minimum of dissatisfaction among the politicians with some of the appointments. May he live long and be happy in reward for his good work for the Institute!

Now, there will be those who will complain that the Transactions were (was) printed too soon, notwithstanding their alleged lateness. Take that nasty little mix-up on the next annual meeting-place and the Hahnemann Monument Fund. That has given the secretary an abundance of needless work that might have been avoided but for the impulsiveness of a handful of members. Almost anyone hearing the resolution and the debate thereupon for bringing the Institute to Cleveland might have seen that that action could not be permitted to prevail. The Institute would not dare to come to Cleveland under any such oblique resolution whatsoever. It was a blunder that would have destroyed the



Monument. Fortunately, the Institute saw this in time, and, from latest accounts, the Monument Fund has taken on such generous proportions, thanks to Shelton and a handful of others, that the Institute will go to Washington with the monument. Meantime the types have not been idle. The secretary, in order not to delay his volume, went to press with those portions that were not ordinarily subject to change in his hands, with the result that we now have a long list of Incroyables from Cleveland who go to make up the local committee which was to receive the American Institute and tender to it the freedom of the city, the lake front, and the Chamber of Commerce.

What a wonderfully fine array it is! It contains the names of many who would be chagrined and astonished to find themselves in print; those who do not care a hill of yaller beans for homeopathy in any of its wings, or the American Institute; it contains the names of some who are practicing all kinds of medicine in Cleveland; of some who are not, never were, and never intend to become, members of the Institute; who would not subscribe one little penny for its entertainment, having so said to this writer; it contains those who have recently and publicly abjured all homeopathy,—being of the Sixteen,—and it has left off, in at least one instance, the name of a prominent local homeopath and surgeon, a veteran member, too, of the Institute, chairman of an important committee, an ever-generous giver of his talents and his money to homeopathy, whose name will live in the annals of homeopathy long, long after those of the getters-up of this list of local celebrities shall have been forgotten. No, we do not hold Bro. Porter guilty of this omission. He had naught to do with it. Neither was it a printer's mistake—though it might naturally be ascribed to the “devil.” The omission was with malice prepenance and exemplifies the spirit of some of the movers of the come-to-Cleveland resolution, and as clearly shows, to those who care to see, the real *motif* of the real movers for the Institute meeting in Cleveland.

So it will appear to some that the Trans-actions appeared too soon, because the names of the wrong local committee appears in print. But the remedy is at hand, though the immor-

ality of print cannot be taken from the unworthy Cleveland coterie and transferred to the worthy Washington folks; let them follow our pattern, get an old homeopathic directory, copy out a small segment of names “regardless,” so long as we, the little local gods, with or without bells and tin whistles, consider them all right!

In conclusion of our long homily, we congratulate General Secretary Porter on his fine work and hope that he may find a little time for rest and refreshment before he is called upon to engage in the same manner of discouraging work for the Washington session.



### NEW YORK LEADS!

SHE always does, especially when Homeopathy is the goal to be attained. At the recently adjourned semi-annual meeting of the New York State Homeopathic Medical Society, at the proper moment, Dr. George C. Shelton arose, and, as is his wont, in an eloquent and forceful fashion, spoke in behalf of the Hahnemann Monument Fund. He reviewed the history in brief, and brought it down to the moment of speaking. He depicted in glowing colors the beauty of the work, its completion and tarrying in the hands of its builders, waiting for a laggard profession to do its duty to the monument and to the Founder of our distinctive school of medicine. He referred, in conclusion, to the appropriation by Congress of \$4000, and a site for the monument in Washington; and urged that the profession do the rest—and quickly. As a result of his appeal the Society voted \$250 out of its treasury for this monument, and an individual collection netted \$1150 more! That was a good day's work, Brer Shelton! Further it was agreed to canvass the State and induce each practitioner to subscribe additionally the proceeds of one day's practice. Who will follow this excellent example?



The meeting of the American Institute of Homeopathy at Washington, D. C., has now been fixed for June 19 (instead of June 5).

## CLINICAL EXTRACTS.

By H. F. BIGGAR, JR., M. D., Cleveland, Ohio.

**CANCER UTERI.**—Too much stress cannot be laid on the importance of early diagnosis in cancer of the womb. Many lives are sacrificed through hesitancy and false modesty on the part of the patient before she will allow herself to go under the care of the family physician. Even then there have been cases where the general practitioner has delayed too long before sending to the surgeon for aid. In uterine disease in women over forty years of age, exhibiting symptoms of profuse or irregular menses, discharge at first mucoid, than muco-purulent, perhaps pain, backache, enlargement of cervix or fundus uteri, consider cancer; if in doubt, take a section from the womb under a local anæsthetic, and have it carefully examined by a competent microscopist, and if the finding should prove suspicious, do not hesitate in calling the aid of a surgeon.

In early stages, before the malignant infection spreads to the surrounding glands and lymphatics, the disease can be thoroughly and completely eradicated. Statistics show that lotions, pastes, and internal medicaments, though sometimes of benefit, are not to be relied upon for the thorough cure of the disease.

**CASE I.**—Mrs. P., æt. fifty-four, first consulted her family physician for relief from offensive discharge and occasional pain in uterus. He at once referred her to us for operation.

Upon examination, the fundus uteri was enlarged, the cervix eroded and ulcerated, a thick, offensive discharge, the immediate surrounding glands enlarged, and adhesions between the rectum and uterus. The operation consisted of removal of the uterus and entire adnexia *per vaginam*. The wound was dressed open with clamps on the vessels, and sloughing was encouraged as far as possible. On the second day after operation the clamps were removed. The wound healed slowly, and though three years have passed since the operation, the patient has been in health, with no sign of return.

**CASE II.**—Mrs. C., æt. fifty-four, referred by Dr. D. Gillard, of Port Clinton, Ohio, for hysterectomy for carcinoma uteri.

Upon examination found that the disease had so far advanced that it encroached closely upon the rectum and vagina, the entire cervix was gone, the immediate glands enlarged. The adhesions and plastic exudates were so great that anxiety was felt as to whether we could liberate the bladder from the uterus.

Two days later an operation was held and the diseased mass removed. The cervical ulceration was first thoroughly curetted down to the internal os. Then the womb was split horizontally, and by most careful dissection, bordering closely to the bladder and rectum, each half was drawn out and removed. The tissues of the broad ligaments were so disintegrated that ligatures would not hold the arteries, and clamps had to be applied and left *in situ*. The peritoneal surfaces beyond were united by two interrupted sutures. Sloughing, which was encouraged, was profuse for a week. Recovery was slow, and after three weeks was interrupted by an attack of gallstone colic. Full doses of sweet oil and plenty of hot water relieved this, and she passed a number of gallstones. She was then put on sodium succinate, grs. xx, daily, to be continued three months. Otherwise the recovery was uneventful, and since she returned home she has reported a continuous state of health.

*Uterine Fibroid Tumors*, or fibrous bodies, or fibromata, are those tumors of the uterus having practically the same structure as the uterus itself. Although they are generally benign—that is, incapable of infecting the womb itself—yet they often develop into such serious importance as to imperil life and cause death.

The cause of the growth has been a question of research among surgeons and pathologists for years, various authorities attributing different causes, as: 1. Organization of a drop of blood, a clot, or plastic lymph in the uterine tissue. 2. The evolution of a round cell found along the capillaries, and by pressure producing an obliteration of them, these cells then fusing into one and producing the nodule. 3. Proliferation of the lining of the arteries or other vessels, followed by cellular changes surrounding the artery. Whatever may be the pathological causes, the fact remains that uterine fibromata is one of the most frequent diseases of that

organ. One authority states that a fifth of all women over thirty-five have fibromata. In the incipient stage they are unnoticeable; many women nourish fibroids who have no knowledge of it.

The varieties are distinguished according to the situation of the tumor in the uterine structure, as: 1. Interstitial, within the muscular structure. 2. Submucous, directly under the mucous membrane. 3. Polypi, hanging by a narrow pedicle from the mucous membrane. 4. Subperitoneal, between the muscle and the peritoneum. 5. Intra-ligamentous, within the structures of the broad ligament. Fibroids sometimes grow to an enormous size. One surgeon describes one which at the autopsy weighed one hundred and forty pounds, while the body itself weighed but ninety-five.

Degeneration, by fatty change, softening, colloid alteration, calcification, cystic formation or inflammation, with gangrene and sloughing, is the usual result. The symptoms are hemorrhage, either at or between periods of menstruation, leucorrhœa, pain, heaviness and bearing-down feeling, and, by pressure, sciatica, bladder disturbances, and constipation.

Treatment consists of medical and surgical. In some varieties frequent treatments and injections have been of benefit in curing. Some hard varieties can be entirely cured by galvanic electricity, but the radical cure is surgical, with appropriate medical after-treatment.

CASE I.—Mrs. B., æt. thirty-six, of Elyria, Ohio, had suffered for two years with an intra-ligamentous fibroma. I advised an operation for its removal, to which she and her husband readily consented. She went to the hospital, and was prepared in the usual manner. The tumor was of such a nature and size that it was determined to operate by the abdominal route. After enucleating the tumor, the vessels were tied with catgut and the peritoneum sewed in apposition, entirely covering all raw surfaces. The abdomen closed by the three-layer method; the peritoneum sewed with a continuous running stitch with catgut, then, with the same material, the fascia likewise, and the skin by the subcuticular stitch with fine silk. Recovery was uninterrupted, and the patient went home in three weeks, but some two months after the

operation, after an exposure by driving, she caught cold, and had a rise of temperature to 102° F., and was ill with localized inflammation at the seat of operation for ten or twelve days. After this she has been a well woman.

CASE II.—Mrs. B., æt. fifty-five, negress, brought to us by Dr. Lyons of Cadiz, Ohio.

The tumor was so large, and by pressure impaired the functions of the lungs, liver, and kidneys to such an extent that her life was despaired of before reaching Cleveland. She was very anæmic.

The day of her arrival she was prepared for operation, and the day following was operated. The vaginal tissue was first carefully dissected from the cervix and loosened by the Paquelin cautery, the uterus first having been curetted, aseptitized, and the cervix sewed up. The abdomen was opened, the peritoneal surface of the posterior cul-de-sac opened into the vagina. This incision was then continued, and from behind forward, encircling the cervix, while at the same time the two folds of the broad ligament were gathered up in a continuous running surface, thus controlling all bleeding. The incision was carried entirely around, thus extirpating the uterus, tubes, and ovaries, and the ligament closed. The abdominal wall was closed in the usual method by layers. The patient made a rapid recovery, and went home in three weeks, without a rise of temperature above 100° F.

*Ovarian Cysts.*—These growths may occur at almost any age, but most frequently manifest themselves during the period of sexual activity. Certain varieties, such as the dermoid, have been observed in childhood, or even in fetal life, and yet again in extreme old age. Numerous theories have been advanced to show that the germ cells of many of these cysts date back to intra-uterine life, and the neoplasm, lying dormant, awaits an impulse to start it into active development. They often occur bilaterally. The beginning of the growth is not often noticeable and is similar in symptoms to many uterine disturbances, then come the reflex troubles due to congestion and stretching of the appendages, and pressure on the rectum, bladder, or nerves, and finally, and often suddenly appear the symptoms of tumor, when the abdo-



men becomes more or less distended. The general health becomes affected and the patient goes into a decline which is often cut short by the accidents to which these tumors are liable.

In diagnosis, cysts must be differentiated from fibroids, phantom tumors, dropsy, and pregnancy. The rapid growth of this class of tumors, although often mitigated by frequent and repeated tapping, can only be radically arrested by surgical interference. When uncomplicated by adhesions the operation is comparatively simple, but when the growth has been attended by inflammatory products or peritonitis, or when the pedicle is contracted and conical, the complete removal is sometimes most difficult. The shock to the system is at times severe, owing to large growth and sudden release from continued pressure. We should not wait, therefore, until the cyst becomes so large as to interfere with general health or threaten life, but as soon as an ovarian cyst is recognized it should be removed, for three reasons: 1. Because the patient is spared the dangers of a more serious operation. 2. Because the patient is spared the dangers attending a breaking down, or ulceration, or a torsion of the pedicle. 3. Because an ovarian cyst often is the limiting mark between an innocent and malignant tumor.

CASE I.—Mrs. W. presented herself for removal of tumor. Abdomen was quite full and distended; constipation, incontinence of urine, and pain were the most pronounced subjective symptoms. There were also vaginal discharge, emaciation, and loss of appetite. The tumor was differentiated from anasarca and the abdomen opened in the median line. Extensive adhesions were dissected and broken up, and the tumor, an unilocular ovarian cyst, tapped and emptied of  $3\frac{1}{2}$  gallons of fluid. The sac was removed, the pedicle thoroughly ligated, and the stump stitched over with peritoneal surface and replaced in the abdomen. The wound was closed by the usual three layers of sutures. Recovery was uninterrupted.

CASE II.—Mrs. K., æt. forty-eight, German, referred by Dr. Carrigues of Massillon.

On examination, diagnosis was made of ovarian cyst. The growth had been rapid, reaching the size of full-term pregnancy in seven months. Her health had rapidly declined,

resulting in emaciation, anæmia, and prostration. An incision two and a half inches in length was made in the median line, and after protecting the abdominal cavity thoroughly with pads of sterile gauze the tumor was emptied and drawn out. The pedicle was clamped and, after approximating the serous surfaces, was ligated by means of a continuous whip-stitch, thus controlling all vessels without resorting to ligature.

By adopting this measure we have been able to treat the ligaments and stumps after hysterectomies, ovariectomies, and removal of tumors without the use of the ligature, which so often causes the annoying neuralgias following such operations.

The vaginal route for ovariectomies, ovariectomies, restoring retro-displacements, excision of tubes, and removal of certain ovarian and ligamentous tumors, when practical, has proven very satisfactory. Shock by this method seems to be much less than when the abdominal peritoneum is opened and the resulting exposure and manipulation of the intestines and omentum occurs.

(To be concluded.)

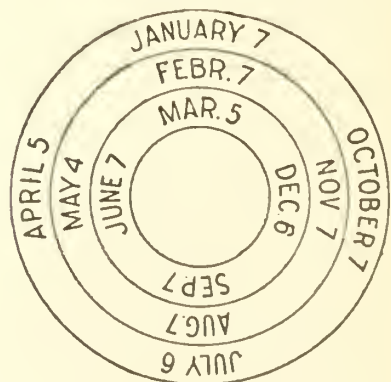


### AN OBSTETRIC TRICYCLIC CALENDAR.

By WM. L. KANTOR, M. D., New York City.

[We are indebted to the *Philadelphia Medical Journal* for this article and illustration.]

THE calendar submitted here has the advantage of being compact, simple, and portable.



It may be copied on the reverse of an ordinary card and carried in the vest pocket.

It should be used as follows: The date of the last menstruation being given, add the numeral

on the right hand of the month in which it occurred to the corresponding date of the month immediately following on the same circle, and you obtain the exact day on which labor should take place. *E. g.*, last menstruation December 17; labor, September  $17+6 =$  September 23.



### MATERIA MEDICA QUESTIONS.

By E. FORNIAS, M. D., Philadelphia.

Give the facial neuralgia of *colocynthis*.

Violent, or continuous, paroxysmal pain, of a tearing, tensive, burning, or darting character, extending to nose, ears, teeth, and head, especially left side; with swelling and redness of the parts affected; worse from touch and mastication (*spigelia*), better from rest and external heat. Also in cases of digging and burning in the jawbones. Rheumatic diathesis.

Give sciatica of *colocynthis*.

Severe darting and cutting pain of right leg that runs like lightning from hip to knee, or even to the heel; worse from the least motion and at night. Want of sensation along course of sciatic nerve when the pain ceases.

Give the diarrhea of *colocynthis*.

Dysentery-like diarrhea, renewed after least food or drink (*aloe*, *ferr.*). Bloody diarrhea, with violent pains in the bowels, extending down the thighs. Chronic watery diarrhea in the morning, with pain in the sides of the abdomen. (*Podo.*, painless, but with much flatus.) From anger, with indignation.

Give the characteristics of *pulsatilla*.

Tearful, desponding, fitful mood. Peevishness, chilliness, and thirstlessness. Bland discharges. Loss of taste and smell. Delayed, scanty menstruation. Better in the open air. Delayed sleep. First sleep restless; sleeps late in the morning and wakes languid and unrefreshed. Symptoms ever changing. Ill-effects of fat food and pastry.

Give the prolapsus of *natrum mur.*

Patient weakest on rising in the morning, and

the pressing and pushing towards the vulva obliges her to sit down to prevent prolapsus. With the prolapsus there is aching in the lumbar region, better by lying on the back; also cutting in the urethra after urination.

Describe the *magnesia mur. child.*

Scrofulous children; rachitis. Enlarged liver. *Tinea ciliaris*. *Ozena* in children. Discharge acrid and corroding, and forms hard crusts. Nose swollen and red. Sweat of head and feet.

Give the hysteria of *magnesia mur.*

Spasms increase after a meal; trembling and fainting spells. *Globus hystericus*, better by eructations. Menses are black and clotted; crumbling stools; liver enlarged. Urine can only be passed by bearing down abdominal walls.

Give the chill and fever of *natrum mur.*

Chill 10 to 11 A. M. Begins in back or feet, followed by headache; feels as if head would burst; thirst; blue nails (*nux vom.*); nausea and vomiting; sometimes stupefaction. Heat, with increased headache and thirst; unconsciousness, or obscuration of sight and faintishness. Sweat weakens patient, but relieves headache and other pains.

Describe the *magnesia carb. child.*

Child rather puny, sickly; want of nutrition. Pains in stomach. Colic, forcing child to bend double. Milk is ejected. Sour stools; may be green and slimy; look like the scum of a frog pond. *Aphthæ*. Liver affected, enlarged.

Give the gastric symptoms of *lycopodium*.

Tongue generally clean. Taste normal, sour, or bitter. A small quantity of food fills to repletion. Abdomen greatly distended with flatus. Rumbling in left hypochondrium; cannot bear tight clothing around the waist after eating. Constipation, with frequent, ineffectual urging (*nux v.*). Sand in urine.

Describe the headache of *natrum mur.*

Headache of schoolgirls; throbbing as from little hammers; awakens every morning

with it. Worse from reading or any mental exertion. Comes and goes with the sun; worse at midday. Heaviness in occiput and eyelids after study. Also bursting (bry.) or pressing from both sides as if in a vise. Headache before, during, and after menses. Sallow face, or shining as if greasy. Chlorosis.

Give the chill and fever of ipecac.

Can't make head or tail out of it. Spoiled cases. It will develop it into a more normal type. Short chill, long fever, postponing heat, usually with thirst. Backache; weak during chill, nausea, and cough, as from warmth; better drinking. Vomiting during chill. Sweat lasts. Oppressive breathing; short, gagging cough, better after sweat. Sweat sour, clammy. After abuse of quinine.

Give the chest symptoms of phosphorus.

Tightness across the chest. Cough contains traces of blood. May have blood-spitting. Catches cold from going from a warm to a cold room. Anyone entering room causes him to cough. Voice hoarse, worse in evenings. Larynx painful, even when talking.

Give the dropsy of helleborus.

Hydrocephalus. Great sensorial depression. Automatic motion of one arm and leg. Rolling and boring the head in the pillow. Forehead is drawn into wrinkles; pulse slow, 50 and 40. General dropsy. Urine high-colored and scanty. Diarrhea; white, jelly-like stools and tenesmus.

Give the croup symptoms of hepar.

Cough hard, metallic sound, ringing and rattling cough. Great deal of mucus on chest (ant. tart.). It comes after exposure to dry, cold winds (acon.). Rattling and loose toward A. M. Child throws head back in order to breathe. The least exposure renews the cold.

Give the diarrhea of hepar.

Stools are sour and white, or green and slimy. May smell like old cheese (bry.). With malnutrition.

Give the constipation of plumbum.

Hard, lumpy stool, like sheep's dung, with

urging and painful constriction and retraction of the anus. Spasm of anus. (Opium has hard balls, but no constriction.) Aluminum and opium antidote plumbum.

Give the heart symptoms of veratrum vir. and digitalis.

Heart's beat is loud, strong, with arterial excitement; low and feeble, fluttering. Pulse suddenly increases and gradually decreases below normal, slow, soft, weak, irregular, intermittent. For digitalis there is fluttering about the heart. Sensation as if heart stood still. Feeble action of the heart; beats more and more frequent and intermittent; sometimes irregular. Thready, slow pulse, becomes accelerated from motion, etc.

Give the ulcer of muriatic acid.

Ulcers form which are deep and have a bluish cast, penetrating. It follows rhus tox. in typhoid fever.

Give the hysteria of ignatia.

Now sad, now merry, now crying, now laughing. Brooding over her own troubles. Melancholy. Silent grief. Globus hystericus; better from belching. Complains of a gone feeling at pit of stomach (sep.). Cramps at menstrual period. Menses frequent and profuse (puls., delayed and scanty). Children after a reprimand.

Give throat symptoms of lachesis.

Throat worse in left side, worse from empty swallowing, worse from the least touch, worse after sleep. Fetid breath. Weak circulation. Travels from left to right.

Give the anæmia of kali carb.

General anæmia. Muscular and nervous weakness. Chilliness. Milky look of skin. Throbbing of blood vessels all over the body. Debility which follows abortion. Backache. Easy sweat. Urine loaded with urates.

Give nervous symptoms of hepar.

Nervous system though weak is exceedingly irritable. Irritable weakness. Mentally depressed; sad in the evening; thoughts of suicide (aur.). Slightest pain causes fainting.



*THE COUCH LOVING-CUP.*

ON the evening of April 13 there assembled in the Iroquois Hotel at Buffalo the following gentlemen, members of the homeopathic profession, many of whom had been in attendance during that day upon the meeting of the Western New York Homeopathic Society, to participate in the presentation of a loving-cup to Dr. Asa Stone Couch :

G. W. Hoyt, Syracuse ; Herbert A. Church, Syracuse ; F. Park Lewis, Buffalo ; J. M. Lee, Rochester ; W. B. Gifford, Attica ; W. H. Hodge, Niagara Falls ; L. A. Martin, Binghanton ; W. Louis Hartman, Syracuse ; Joseph Riege, Dunkirk ; C. G. Capron, Utica ; A. B. Norton, New York ; J. W. Le Seur, Batavia ; N. M. Collins, Rochester ; S. R. Snow, Rochester ; R. A. Adams, Rochester ; Wm. D. Young, Rochester ; Geo. T. Moseley, Rochester ; W. H. Marcy, Rochester ; Oscar Le Seure, Detroit ; Chas. E. Walton, Cincinnati ; Burt J. Maycock, Buffalo ; F. H. Hurd, Medina ; Frederick B. Groesbeck, Buffalo ; Frank Kraft, Cleveland ; Meredith C. Couch, Fredonia ; J. W. Sheldon, Syracuse ; J. Willis Candee, Syracuse ; John B. Hall, Toronto ; P. W. Neefus, Rochester ; Frederick R. Green, Fredonia ; Judge John S. Lambert, Fredonia ; J. T. Greenleaf, Owego ; DeWitt G. Wilcox, Buffalo ; Wm. Morris Butler, Brooklyn ; H. S. Hutchins, Batavia ; E. O. Kinne, Syracuse ; Asa Stone Couch, Fredonia ; Judge W. W. Hooker, Fredonia ; Gen. M. O. Terry, Utica ; Eugene H. Porter, New York ; H. F. Biggar, Cleveland ; Rev. O. P. Gifford, Buffalo ; R. C. Olin, Detroit ; A. B. Kinne, Syracuse ; Edwin R. Leif, Buffalo ; Joseph T. Cook, Buffalo ; J. M. Lewis, Elba ; A. B. Rice, Jamestown ; W. W. Seabury, DuBois, Pa. ; D. B. Stumpf, Buffalo ; Frank B. Seitz, Buffalo ; Edward G. Bodenbender, Buffalo ; Edward A. Fisher, Buffalo ; Peter Erb, Buffalo ; Edwin H. Wolcott, Rochester ; George R. Stearns, Buffalo ; M. A. Wilson, Erie, Pa. ; F. D. Ormes, Jamestown ; G. W. Seymour, Westfield ; G. R. Critchlow, Buffalo ; C. E. Paxon, Buffalo ; S. W. Hurd, Lockport.

Following the announcement of the purposes of the meeting and the especial reason for this banquet, the president of the Western New York

Homeopathic Medical Society introduced Dr. E. Olin Kinne of Syracuse as toastmaster, who, after outlining the work and purpose of the evening, in a few appropriate words, introduced Dr. H. F. Biggar of Cleveland (introduced, however, as hailing from Buffalo), who spoke to the first toast, in part as follows :

Dr. Biggar : I would be very glad if I did live in Buffalo, as the good toastmaster has announced my residence. I am very happy to be honored with the invitation to meet here though not a resident, for I have noticed that in your meetings you remind me very much of what was the hermitage of the Empress Catharine of Russia. You recall that just across from her palace a bridge, something like the Bridge of Sighs, connected with a house on the other side, where she received her nobles upon terms of perfect equality. She met them in all simplicity and charm, and treated them and with them as perfect equals. There were no differences between them. All these were left on the outside, on the other side of the bridge. It was a picture of complete harmony. It has been my privilege to meet with the Buffalo physicians—or at Buffalo with the physicians of the State of New York ; and it has always struck me in regard to the harmony which exists among them, as well as with the pleasure which they always give me as their guest. In reference to the toast we have here, I might possibly analyze it into its relation to health, and health has its origin in perhaps all that which pertains to the medical profession. I am glad to-night, as I have always been, that I am a physician ; and more than glad that I am a homeopathic physician. I am more than glad to-night that, with the interpretation which our good friend Porter has given of what constitutes a homeopathic physician, we are now in a better position—a position which gives us a superiority over every other system of medicine ; and the reason of that is this, that we are not only homeopathic physicians, as was so splendidly said by Dr. Porter, and accepted by the American Institute of Homeopathy, but we are everything else that belongs to the good in every other system ; and it belongs to the homeopathic physician by tradition and by right. Therefore, under that definition we have more freedom than we have

ever had before, because I must confess that to a certain extent we were hampered by that too strict doctrine of similia.

After continuing in this vein and paying a deservedly high tribute to Dr. Porter for his masterly definition of a homeopathic physician, Dr. Biggar spoke of the value of teaching homeopathy in all the schools—in short, making the medical curriculum broad enough to take in the good of all systems and so make a good all-around physician of the student. He spoke of the effort that has been making for some time to raise the standard of medical education, beginning with the medical school. He then addressed himself to the reported discussion between a physician and a clergyman, as to which was the superior profession. In illustration Dr. Biggar narrated the instance where he had been called to an accident case of a fireman who had fallen some distance, and then been run over by the ladder-truck, crushing his ribs and these penetrating the lungs. In expectation of his early death a clergyman was sent for. This gentleman did his duty splendidly. In a very short time he had baptized and converted and given the sacrament to the dying man. However, under the ministrations of the physician he got well. Dr. Biggar said, in answer to the clergyman, whom he met later and who rather boasted of the expedition with which he had converted the man—Dr. Biggar said that he could have wished that His Reverence had converted him a little more so that he had not utterly neglected and subsequently refused to pay his doctor-bill.

Resuming his remarks, the doctor said :

There is one thing that is remarkable in regard to this meeting to-night, and that is its innovation. It is something that has rarely occurred. In fact I think I have never heard of it before ; and I am so glad that I have lived to see it, and I am so glad to live to see it bestowed upon one so honored as Dr. Couch. (Applause.) Someone says :

“Keep not your kisses for my cold, dead brow ;  
The way is lonely, let me feel them now.”

How nicely you have responded to it ! (Applause.) Another one has said : “Let your

flowers be before I pass away, that I may enjoy them.” How well you have done it now ! And when you think of it, no material object in particular, where there are so many little side issues of a political character, but you do it, responsive from your noble hearts to a noble man and his noble work. (Applause.) The great artist Canova must have been greatly pleased by the generous tributes bestowed upon his work under circumstances similar to these, as it seems to me. As you go through the Appian Way and see the mausoleums so beautiful in character, their architectural splendor unsurpassed, you will be struck by one of these, that of Pope Clement XIII. If you look at it you will see above the lion-guarded portal that statue of the pontiff kneeling in prayer, and on the left as you enter is the beautiful statue of Religion bearing the cross, while on the right is the statue of the Genius of Death with torch turned down. This was Canova's masterpiece, and after it had been completed he used to mingle with the crowd in disguise to listen to their criticisms, which were always favorable to the great artist and this his master work. Dr. Couch need not disguise himself, because he knows, as we all know, that his work has been above criticism, for it has been a grand work in that which pertains to the alleviation of suffering, to what might be termed the higher education as relating to the medical profession ; and he is to be congratulated that he need not go among you in disguise, but that every one of you can meet him face to face and tell him that you appreciate his great work, as you do to-night by honoring him in this way. The greatest service, it is said, is the public good, and what can be a greater service than that which pertains to the greatest of all professions, in the perfection of it ! I think it is Epictetus who says that “he does the state a great service who raises, not the roofs of the houses, but who raises the souls of its citizens.” What work can be more noble than that in which Dr. Couch has been engaged for the last few years, under which not only you gentlemen here, but we throughout the country, have participated in the benefit achieved for the interests which are common to our profession ? Disraeli has said that there are three epochs : youth, manhood, and age. Youth is all romance, man-

hood, is struggle, and old age is regret. Dr. Couch has passed through the age of romance ; he is not through with that of manhood ; and I trust when he does come to old age that he may look back as pleasantly as we do to-night and see that his life has been just as useful in the future as it has been in the past. In conclusion, for there are many speakers to follow, I may say with the old farmer who said to Daniel Webster : "Mr. Webster, the world will be lonesome without you." (Applause.)

Dr. Candee, at this point, announced that it had been determined, in the absence of sufficient room to engrave upon the loving-cup the names of all the donors, to prepare a letter—which he read—to be signed by the participants in the evening's festivities and present that with the loving cup to the guest of honor, Dr. Couch. This was unanimously agreed to. Following this, Dr. Eugene H. Porter of New York was introduced, and spoke as follows :

Dr. E. H. Porter : Oh most noble brother and brethren of the mystic shrine of friendship, I greet you one and all ; and if, on assuming this office to which you have somewhat questionably called me, I should betray the faltering tongue, or there should be some infelicities of speech, I pray you will ascribe it to a distinct sense of my known unfitness for the occasion. I would have preferred, Mr. Toastmaster, that this extremely pleasant duty might have fallen into other and more able hands ; and yet as this testimonial is to one who, although great in character, in leadership, and in renown, has yet seen fit to honor me somewhat with his friendship, that may seem, in part at least, to lend the argument of fitness which otherwise might seem wanting. But, sir, I think it is more than that ; I think it gives an additional proof, were any needed, that not all the waters of dissension, which sometimes divide but which never divorce us, can wash out our love for our common profession ; that our allegiance to the same moral and fraternal traditions, and our belief that the fame of those who are shedding luster on the homeopathic school, is not alone an undivided inheritance, but is also an equal duty of gratitude and responsibility. As Dr. Biggar has well said, our

loaf of life is small, and cut into thicker slices it would hardly suffice to go around ; and yet how much there is—how many words there are—that we might wish to utter on an occasion like this ! It is easy, brethren, to say how much we love new friends and what we think of them ; but words fail us in tracing out all the fibers that knit us to the old. Friendship, I take it, is a patent of nobility, and its revelations bring us into closer communion with nature and with nature's heart. Emerson, I think, it was who said that our chief want in life was someone to make us do that which we could do ; and that has been the great service which our friend has done us and through which he has become easily great. There has been a spirit of attraction in him that has brought out whatever there may have been of virtue in us. How wide he has flung the doors of our existence ! That, I take it, is the only real society, and he alone is fit for it who is not only magnanimous, but who realizes that greatness and goodness are the only true economy ; and who is not too swift to intermeddle with his own fortunes. " 'Wal'er, my boy,' said the Captain, 'in the Book of Proverbs, written by Solomon, you will find these words : "May we never want a friend in need or a bottle to give him. When found, make a note of." ' ' ' This quotation from the fearless Captain Cuttle reminds me that although our old friend Dr. Couch is not in need, yet we have somewhat to present to him.

I would I had that felicitous faculty of expression, that eloquence which this occasion might justly demand. I would that I might fittingly portray your genius and your virtues. I would I might picture your image as it exists in the hearts of your brethren. (Applause.) But the cup says all that I would say, and more. Its beautiful contour typifies the graciousness of that friendship which has illuminated our hearts and our homes ; the sparkling wine overflowing the golden bowl exemplifies that life, that strength, and that inspiration which all have drawn freely who have known you intimately, and the cup itself conveys to you in unstinted measure our continued devotion and our undying love. (Applause).

Upon receiving the loving-cup, of massive



silver, standing twelve inches high, and quaffing a portion of its contents, Dr. Couch arose, and, with much feeling, at times almost overpowering his utterance, spoke somewhat as follows :

Dr. Asa Stone Couch : I consider it peculiarly distressing on this occasion to speak in the first person singular. On this occasion, too, you will be prepared for brevity in my remarks, and judge it no affectation if at the outset I beg at your hands an allowance for embarrassment. If it were a trial at any time to be called upon for sentimental response in the presence of these distinguished gentlemen, and of so many of the leaders in our beloved profession, it is increased an hundredfold with your plaudits ringing in my ears, and in face of the courtly compliment paid me to-night, I find it impossible to put consciousness aside from the question of competitive deserts. I shall feel easier in life to adopt the belief that the honor received at your hands is due, in part, to sympathy for my partial disablement by the grippe last winter, and partly as a tribute to simple loyalty for our common cause. Here I might at least meet you part ways, and upon common ground. I feel a true pride in the fact that, in advance of some of you and in common with others, I have for many years toiled in the quarries for our temple ; that for nearly half a century I have battled for Hahnemann and homeopathy ; and if I have not fought a very good fight I have at least kept the faith. (Applause.) You will not deem it immodest for me to say to the younger of our colleagues present that in those earlier years to keep the homeopathic faith required a fortitude almost equal to that of the Christian martyrs. We have no personal testimony as to their sufferings, but it is recorded of them that they sang hymns and praised God even at the stake. I have a misgiving that some of the homeopathic martyrs did not in all respects emulate the example of those worthy men. (Laughter.) None but those who have enjoyed it can tell how good it feels to be ostracised professionally and socially on account of honest convictions ; none but those who have been educated in the regular school and have come forth saturated with its principles and its self-complacency can tell the neurasthenic effect of being called a quack. (Laughter.) These and

many similar pleasantries were showered upon our devoted heads in the sacred name of medical ethics. Pardon me for continuing reminiscent. It is probably a passion, if not a privilege, with those of advanced and advancing years. I well remember many years ago receiving from the secretary by post a volume of the Transactions of an emergent convention of a local old-school medical society. It had no appendix—perhaps it had been removed on account of wind on the stomach. (Laughter.) Its contents, without preface or supplement, were : “*Resolved*, That we will not counsel with irregular practitioners, nor visit the patients that employ them, until we are notified that said irregular practitioners are discharged and we are employed.” My friends, the mills of the gods have never had a day off in all the ages (laughter), and they were grinding then as now ; and I have lived to have the satisfaction of having been called in repeated and pleasant consultation with almost every member of that society. (Laughter and applause.) But this little episode would not have been mentioned had it not been for the fact that the distinguished editor of the *North American Journal of Homeopathy*, in the last number of that most excellent periodical, calls attention to the fact that the transfer of our hospital in Brooklyn to the municipal authorities on certain conditions had been objected to by the old-school physician on the ground that it was a quack institution. I imagine that that individual was taught in early life to sing the hymn beginning : “*Here, Lord, I give myself away.*” (Laughter.) He at least probably never heard of the mills of the gods ; or if he has, he probably classifies them with the roller mills of Minneapolis. He certainly appears oblivious to the fact that in these years of contest they have ground out for us Equality before the Law. (Applause.) Medical colleges throughout the land indorsed for their high mission by the best standards in this country—the University of New York State, and an appellate branch of the Supreme Court—that qualifies us as practitioners of medicine *and* surgery, as against the old charge that we knew nothing but sugar pills. We have an extraordinary and brilliant contrast in the examinations of this State, precisely the same in six departments, which is in favor of

the New York Homeopathic Medical College. (Applause.) But, gentlemen, I beg you to believe that these references to old-school brethren have been inspired not by either bitterness or animosity. I cherish for them nothing but the most cordial good-will; in fact, I have always held that the medical profession represented the very highest philanthropy; and that, therefore, they should be a band of brothers like unto the quack doctor that came out of Samaria. (Applause.) The members of the old school are not responsible for the dangers that lurk in their system of therapeutics, nor for their consequent relation to the survival of the fittest. (Laughter.) I hold—call it a fad if you please—that all things, hence all human institutions and plans, are subject to and are controlled by natural law, that it is responsible alike for evil and for good; in short, that without both there could be no economy. This promulgation may disturb the mind and possibly arouse antipathy in the hearts of a class of very good people; but in this view there is no place for human pride or for human arrogance. I believe that the time is coming when it will be appreciated that this day and generation is but little removed from the ignorance that declared the world to be flat and tortured those who dared an adverse opinion. Many believe that a great advance has been made because now we photograph and number countless worlds that have never been seen, and yet the trend of the many clad in a little brief authority seems to advance the dogma that by an effort of the will one may place himself outside the domain of law; that the product is competent to control its factor, and that therefore, practically, by an effort of volition a man may pass through his own esophagus. (Laughter.) I believe that you will join me in hoping for the speedy arrival of the time when mankind shall be emancipated from this theoretical bondage. God speed the day when it shall recognize the majesty and intelligence of immutable law! Then, and then only, may professions and creeds be justly appraised. Then shall our petty judgment fall away in the presence of the knowledge that every atom in the universe is fitted for its place and adapted to its environment. My friends, then shall come that contentment which alone can bring lasting happi-

ness and the eternal reign of white-robed charity. My friends, I thank you for the patience with which you have listened to my necessarily desultory remarks. I thank you with all my heart for this exquisite token of your personal regard; philology has not yet coined the words that might express my gratitude. At the longest the sun of my life is near its setting. But when that time shall come, either longer or shorter, I beg you to know that in the growing darkness there shall be set the blazing star of your great thoughtful kindness to me with this song in my heart, "Lead, kindly Light." (Applause.)

The toastmaster read a message from Dr. Helmuth, who is now on his way to Europe; and also a poem, which was enthusiastically received. At the conclusion of the Helmuth incident, on motion, three cheers were given for our poet-surgeon.

The Rev. O. P. Gifford of Buffalo entertained the company for a half-hour with an instructive and witty talk.

Gen. M. O. Terry of Utica was the next on the toast list. He excused himself from any long speech, but in place read a few remarks which were found to be very apropos.

Dr. Oscar LeSeure of Detroit was called upon, and paid his tribute to the guest of honor.

The President of the American Institute of Homeopathy, being present, was called upon and said in part as follows:

Dr. C. E. Walton: Not having seen my name upon the printed list, I felt quite assured that I would escape the lynx-eye of the toastmaster. It seems I was mistaken. If you think that I have concealed about my person a choice selection of unpremeditated remarks, I am quite willing to submit to a search without the formality of a warrant. It gives me pleasure to meet with you to-night to do honor to one whom we have met to honor, and in order to express our love for a man who is loved as much as one man can love another, and we would love him more if he were a woman (laughter); I take it he would not change his sex in order to secure our greater affection. Coming down the road this afternoon I began to think something of

this ceremony,—the giving of a loving-cup,—and my thoughts ran along and took somewhat the same form as has been so eloquently expressed by our friend from Cleveland: that it is fitting to express our love to the living and not wait until our friends are dead before we say pleasant things about them. It is our duty to express our sentiments one to another. It is for this that we associate ourselves in our different organizations in order to perpetuate our good feeling, to advance the profession, to unify that profession. It is the duty of every medical man to associate himself with his local society, with his State society, and then he will be received with glad arms in the American Institute of Homeopathy—that body which stands for all that is good in homeopathy; that body which has existed for nearly sixty years; that body which will exist when we too have passed away. (Applause.)

Dr. William Morris Butler of Brooklyn, president of the New York State Homeopathic Medical Society, spoke along the same trend as the Institute president, counseling greater activity among the membership of the State society.

Dr. J. W. Sheldon was called upon, and spoke at some length in merit of the innovating occasion.

Dr. DeWitt G. Wilcox was delivered of one of his usually fine and witty little speeches, which drew many smiles and much applause. His subject was the "Western Contingent."

Dr. Greenleaf was the last of the published speakers, and did his part with consummate skill. Following him the audience was at liberty to call upon others in the banquet hall for speeches, and those thus called for and who spoke were Drs. LeSeur of Batavia, Kraft, Lee, Mosely, Cook, Maycock, Wilson, Candee, and Stearns.

Thus closed one of the pleasantest occasions which it has ever been the pleasure of this editor to attend. From start to finish it moved along without a hitch. Everybody had come with the distinct purpose of contributing his flower of love and affection to the general tribute of honor for the guest of the evening, Dr. Couch. As Dr. Biggar felicitously remarked, it was a most harmonious assemblage; one bent upon

but one thing—the showing of its love for one of its professional wheel-horses. It was free, absolutely free, from all contaminating influences of politics. It was a love-offering pure and simple. It was the sweetness of grateful friendship, the recognition and appreciation of years of unremitting toil, poured out at the altar of a great and good man. It anticipated the hour when such sentiments are usually sung and written of the world's heroes. And alas! how many times merely perfunctorily! It was a noble thought, nobly carried into being, and to a noble man. May he live long in the consciousness of the affection of his brethren! Is not this truly immortality? The young man who was witness of all this could not fail to be lifted up with a finer and grander spirit of love for a profession whose members could and did unite in so beautiful a mission. And yet they say that doctors become callous and grow indifferent to the sentimentalities which enter into some if not all the other professions. Those who were at the Couch banquet know it is not so. The medical man has his warm, soft heart for his brother, as well as for his patient. It needs but the occasion to bring it out. As our ever-genial President Walton said, it is our duty to meet often in such concourse and communion and thus perpetuate our love for each other. It is for this we band ourselves together and work together. To be appreciated by one's brethren; to hear their plaudits; to see their bright faces, and to feel the pressure of their warm hands—what greater happiness can come in the life of a man who has given the greatest sum of his existence for the upbuilding of the temple in which his brethren now worship in peace and safety! May the fashion set by these New York brethren be numerously copied!



#### THE CLEVELAND COMMENCEMENT.

THE Cleveland Homeopathic Medical College had its Fiftieth Session and Commencement exercises on the evening of Tuesday, April 10, in the Euclid Avenue Baptist Church. Twenty-seven graduates received their sheepskins. The class presented a fine appearance, and were very evidently a select body of men and women. Although the usual church building was chosen as



the theater for these closing exercises, no preacher had any hand in the graduation beyond the invocation and the benediction. We congratulate the college on this step to the front. And we congratulate it still more upon the excellent selection it made for the presenting of the Annual and the Valedictory Addresses. The former was delivered by Dr. H. E. Beebe of Sidney, Ohio, the latter by Dr. E. H. Jewitt of the faculty. Both orators acquitted themselves in good style and to the obvious satisfaction of the large and fashionable audience present. Dr. Beebe chose for his topic "The Liberal Homeopathic Physician," and those who know his aptness and skill in public speaking will know that his present effort was the customary success. How much better is this than springing a clergyman on the class and audience! Dr. Beebe did not take up the time of the evening with Sunday-school homilies and don't-put-any-beans-up-your-nose talk. He gave the class something of practical value from his long and experienced life. He based his talk on the assumption that the graduates were gentlemen and ladies, and knew as well as himself the value of leading correct and upright lives, and required no moral coaching from him or from anyone else. Dr. Jewitt was equally happy in his remarks. So that, altogether, the occasion was a fitting one and fittingly celebrated by medical men for medical folks.



### Globules.

The Detroit Homeopathic College held its Commencement exercises on Tuesday evening, April 10, Hahnemann's Birthday, in Fellowship Hall. There was also an elaborate banquet following the formal proceedings, to which this editor was invited, but for obvious reasons could not attend. Full particulars of the occasions have not reached us as yet.

On the evening of April 13 Dr. Wilbert B. Hinsdale of the University of Michigan lectured at the Detroit Museum of Art with stereoscopic views on "Some Primitive Inventions, illustrated by American Types, chiefly from Michigan and Ohio," under the auspices of the Detroit Archæological Society. Dr. Hinsdale, who is dean of the Homeopathic Department of

Ann Arbor, is an indefatigable student, and we have no doubt that the evening was pleasantly spent.

Dr. Frederick Franklin Teal of Omaha was recently—April 19—married to Miss Maude Sedgewick Merriam, at the residence of the bride's parents, 209 South Wood Street, Chicago. The AMERICAN HOMEOPATHIST sends heartiest greetings.

The Cleveland Homeopathic Medical Society met on the evening of the 18th of April, in the Chamber of Commerce, with a programme filled out by Drs. Baxter, Jones, and others. Dr. E. H. Jewitt is president, with Dr. G. A. Jend secretary.

The Sixteenth Annual Meeting of the Western New York Homeopathic Medical Society was held on April 13 at the Hotel Iroquois, Buffalo. There was a large attendance, and many valuable papers were read. Among the distinguished guests were Dr. C. E. Walton, president of the American Institute of Homeopathy; Dr. William Morris Butler, president of the New York State Homeopathic Medical Society; Dr. H. F. Biggar of Cleveland; Dr. E. H. Porter, general secretary of the American Institute; Dr. Asa S. Couch of Fredonia; Surgeon-General of New York M. O. Terry, and many others from distant parts of New York State and out of the State. Among the papers read and addresses delivered were some by Drs. Walton, Greenleaf, Biggar, and Park Lewis. In the election which ensued, Dr. Burt J. Maycock was made president, with Drs. Collins and Swett vice presidents, and secretary and treasurer Dr. Geo. R. Critchlow. The banquet in the evening, which was converted into a loving-cup presentation to Dr. Asa Stone Couch, has already been noticed in another paper for this journal. A fund of \$300 was subscribed for the Hahnemann Monument Fund.

The Missouri Institute of Homeopathy meets at this moment of writing. We have done what we could personally and editorially to give it a good house. We would like to have participated in person, for our first love will always be to Missouri and its institutions, where we first saw the light of the homeopathic day, and where today, after the lapse of all these years, we still

count many friends among the old-guard. With the newer generation we are merely a name—an editorial “crank,” who is always ripping somebody up the back, unless their homeopathy squares with his wild ideas on the subject. Let us see if the last administration of the Missouri Institute cares enough for the profession at large to publish some of its doings and its papers in the general journals; or whether it will be hidden in the pages of some near-by journal. That has been our one continual complaint of the present Missouri Institute—that it has drifted from world-wide-ness in homeopathic promulgation to one-journal-ness. Gentlemen of the societies, especially you secretaries, if you want to let the world know that you are alive, put your light where it will shine—in the general professional journals; and be not satisfied when the next morning’s daily paper gives you a column or more of titles of papers read. Wake up, and let the societies’ doings become professional public matter.

The last issue of the *Medical Century* clearly evidences that the head and front of its success in the past is not at home. True, the papers published from different authors are all right, but the brains, the individuality of the journal, are asleep or absent. Come back! come back! we cry in grief, across the stormy waters, and take hold of your journal once more, and put life and vigor into it.

We note with regret that the Rev. Dr. Applegarth of Cleveland has concluded to accept a desk, and with it all the appurtenances thereunto appertaining, in Cambridge, Mass. Dr. Applegarth has been a very popular Baptist preacher in Cleveland, and his going away will leave many sad hearts. We suppose, however, that some other equally prominent divine may be inveigled into preparing and delivering the Faculty address of some of our colleges as formerly, and also other purely medical addresses.

We have received the Pocket Therapist prepared by Dr. Thos. Stretch Dowse, Fellow of the Royal College of Physicians of Edinburgh, and published by J. B. Flint & Co. of New York, and want to say that this is a very pretty and neat little formulary for the Old School of practice. This does not say that it does not contain

many points and information that would be of value to the homeopath or the eclectic, for it is a fact that it does so contain many items of interest and information. The homeopath does not need to study the remedies advocated nor the other measures, but surely the diagnostic parts are very fine. It is one of the best pocket books for quick use at the bedside that we have seen this year.

We are very glad the Institute has decided to take the monument to Washington this year. It was the one logical thing left for it to do. To have come to Cleveland under the oblique and sinister reading of the Atlantic City resolution would have been the death-blow to the monument. It might thereafter as well be recast into bars or broken up and sold for junk. If the Atlantic City committee had done nothing more than to meet and pass perfervid resolutions, and let it stop at that, the monument would have been a failure. But it has gone to work nobly—especially in New York. In several of the States we read of lists of officers and boards appointed to take charge of the newer Monument Fund. We sincerely trust that the Shelton idea will prove virulently contagious, and that these many new boards and officers may not deem their duty done when they have mailed a hatful or two of begging letters to the profession.

We have been in favor of this beautiful work of art from the first. We have followed its fortunes for years. We defended it when others assailed it outright or turned it down in indifference. We are, consequently, proud that it is reaching the end of its begging tour, and will soon find a resting place for its weary pedestal in the capitol city of our nation. All honor to McClelland for his genius, for his patience and faith, his industry and courage!

The meeting of the American Institute of Homeopathy at Washington, D. C., has now been fixed for June 19 (instead of June 5).

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# The American Homeopathist.

MAY 15, 1900.

FRANK KRAFT, M. D., CLEVELAND, OHIO, EDITOR.

## OUR PORTRAITS.



EVELYN S. PETTIT, M. D.,  
New Brighton, Pa.

## BY THEIR BOOKS SHALL YE KNOW THEM.

COLLEGES.	Surgery.	Neurology.	Gynecology.	Obstetrics.	Ophthalmology.	Laryngology.	Otology.	Urinalysis.	Dermatology.	Physical Diagnosis.	Genito-Urinary.	Pedology.
Dunham .....												
Boston .....	<i>a</i>	<i>a</i>					<i>a</i>	<i>a</i>	<i>a</i>	<i>a</i>		
Philadelphia .....	<i>a</i>				<i>a</i>		<i>a</i>	<i>a</i>	<i>a</i>	<i>a</i>		
Denver .....			<i>a</i>			<i>a</i>	<i>a</i>	<i>a</i>	<i>a</i>	<i>a</i>		
Pulte .....		<i>a</i>						<i>a</i>	<i>a</i>	<i>a</i>		
Iowa .....												
Michigan .....				<i>a</i>								
Hahn, Chicago .....		<i>a</i>			<i>a</i>		<i>a</i>	<i>a</i>	<i>a</i>	<i>a</i>		
Women's, N. Y. ....		<i>a</i>	<i>a</i>	<i>a</i>		<i>a</i>	<i>a</i>	<i>a</i>	<i>a</i>	<i>a</i>	<i>a</i>	
Minnesota .....		<i>a</i>						<i>a</i>	<i>a</i>	<i>a</i>		
Cleveland .....		<i>a</i>						<i>a</i>	<i>a</i>	<i>a</i>	<i>a</i>	
San Francisco .....								<i>a</i>				
Louisville .....										<i>a</i>	<i>a</i>	
National .....	<i>a</i>	<i>a</i>			<i>a</i>				<i>a</i>			<i>a</i>
Kansas City .....	<i>a</i>							<i>a</i>			<i>a</i>	
Hering .....								<i>a</i>				
St. Louis .....		<i>a</i>						<i>a</i>				
Chicago Hom. ....		<i>a</i>										
Kansas City Univ. ....		<i>a</i>								<i>a</i>		
Southern .....						<i>a</i>					<i>a</i>	
New York .....		<i>a</i>	<i>a</i>			<i>a</i>						<i>a</i>

This table was prepared and sent us by a friendly correspondent and a lover of homeopathy. The explanation is simple. The letter *a* opposite a college name in any of

the columns indicates that in that college and in that department an allopathic text-book is given the right of way, is used and recommended in place of the homeopathic. For instance, the first column, that of surgery: It will be noted, by running the eye down the column, that seven of our homeopathic colleges give the place of honor to an allopathic text-book on surgery in place of the homeopathic. The same will be noted of gynecology, neurology, urinalysis, and the others. One college, it will be seen, uses but two homeopathic books, while two of the schools are marked as free from allopathy.

This is a pitiful revelation either of bad faith or hypocrisy. In surgery we have several authors, notably the genial and poetic Helmuth. Then there is Fisher, whose book ought to be in several of the schools, seeing that some of its professors are co-editors of the volume. Franklin was a very good text-book, and so is Gilchrist. In gynecology we have Southwick, Ludlam and Wood, and others; in neurology there are O'Connor, Martin, and Elliott; Guernsey and Leavitt on obstetrics; Norton and Buffum on ophthalmology; Ivins and several others on laryngology; Houghton and Quay in otology; Mitchell and several others in urinalysis; Kippax, Burnett, and several others in dermatology; Clapp and Raue in physical diagnosis; Doughty, Carleton and Waite, and others in genito-urinary; pedology, Fisher, Raue, and others. Yet, with sufficient text-books of acknowledged and equal worth and ability, the homeopathic schools give our authors a black eye by recommending and using allopathic text-books.

It might have been more interesting still if our indefatigable correspondent had carried his



investigations also into the departments of materia medica and practice—though here nothing would have resulted from the labor, because it is the customary thing for homeopathic(?) college catalogue-builders to scissor out and paste in any list of homeopathic books found in any other rival homeopathic institution. That is easily enough done, and no one would be the wiser. But how many of them are used; and, if used, how? This table shows how the popular branches of a modern medical education are taught in our homeopathic colleges. And the homeopathic profession professes to wonder that its students come back from a four-years' tussle with allopathic text-books in alleged homeopathic colleges and fail to be very enthusiastic on the homeopathic doctrine! Poor homeopathy! Preceptors will do well to study this table and have it handy when the late-summer crop of homeopathic college announcements falls like autumn leaves upon their desks, soliciting of their patronage. Shame on you, gentlemen of the homeopathic colleges, for your little faith and worse works! But ye have made it a den of allopaths!



### Materia Medica Miscellany.

Conducted by J. WILFORD ALLEN, M. D., 110 West 12th Street, New York.

References in this department are made by number. See issue of January 1 or December 15 of each year.

#### *Baptisia Tinctoria.*

Kents, in *Journal of Homeopathics*: "There is one peculiar thing about the typical baptisia prostration; it comes on very early in the disease. There is not so much of the idiopathic typhoid in baptisia as the symptomatic typhoid. This patient takes on a low, besotted, sunken aspect from the beginning. It was only a week ago that the patient first began to complain, and here he is now confined to bed, muttering and jabbering; he prefers to be let alone, will turn over on his side and draw his knees up to his chin and his head down in the bed, curled up like a dog; does not want to speak or talk, but when aroused jabbbers and mutters and sometimes says things quite irrelevant, then

curls around like a dog, wants to be let alone. The whole room is offensive from his exhalations, the diarrhea is offensive, and he jabbbers and looks besotted like one intoxicated. I have seen a good many baptisia cases. I have seen the disease respond to it instantly, and the cases that seem to me to be the most striking are those that come on in an unusually rapid manner. You might naturally expect that kind of appearance as the result of several weeks gradual decline, but in this remedy it has come on very early. You may see it applied to a patient that you saw in the street only a few days ago, and here is that person curled up like a dog in a perfectly besotted and apparently intoxicated state; he looks that in appearance, mottled and purple as if completely drunk with some awful drug, whisky, or morphine. He is wonderfully bloated, not with œdema, but his face is puffed, yellowish, sickly, and as the mouth opens the stench that comes out of the mouth is strong. This is the aspect, and this state will be overcome by baptisia. The prostration, the besotted aspect, the desire to be alone and curled up, the muttering delirium, talking and jabbering, and the general appearance accompanying inflammation of the liver, gastritis and bowel disorders, all sorts of diarrhetic complaints, typhoid fever, and all forms of zymotic disease, have been overcome by this remedy."

#### *Echinacea Augustifolia.*

J. C. Stinson, San Francisco,<sup>88</sup> has written a paper which deals mainly with the local action of echinacea used freely and undiluted on the mucous membrane of the glans penis, corona, etc., i. e., as a local aphrodisiac. Its influence on the capillary circulation is more satisfactory than that of any other drug. It is a stimulant to the circulation and appears to endow the vessels of the glans with a rapid recuperative power, which constitutes it a stimulant and tonic to the local circulation, adapting it especially for local conditions of debility. When applied locally in doses of from twenty to sixty drops it produces a mild, pleasantly tingling, penetrating burning sensation. The glans, etc., become congested by stimulation of the vessels and sensory nerves of the penis, and in from two

to fifteen minutes erection occurs. One application is usually sufficient, but if necessary a second application should be made in fifteen minutes. Echinacea also acts satisfactorily as an aphrodisiac in the female when locally applied. In all cases independent of the cause the local applications of echinacea will be found of much value.

### *Cantharides.*

—<sup>36</sup>: "There is a certain form of incontinence of the urine, most often seen in elderly or nervous females, in which there is a frequent desire to pass water, or the patient cannot hold it long, or it gushes away in the act of coughing, sneezing, or laughing. In all these cases the incontinence is due to want of power in the vesical sphincter. In such cases the tincture of cantharides is the proper remedy, but it should be given in small doses—one minim well diluted three or four times daily, or put half a dram in four ounces of water and give a teaspoonful every hour or two.

### *Chelidonium.*

—<sup>38</sup>: This drug is particularly useful in the treatment of various functional disturbances of the liver, from simple biliousness to congestion and inflammation. It is a valuable remedy in jaundice, and has proved palliative during the passage of gallstones, but is of more use when taken between the attacks. Its hepatic symptoms are well defined—soreness, swelling, and pain in the right hypochondrium. It acts very favorably in a certain condition where the only sign that the liver is out of order is that the stool is white or clay-colored, but no jaundice whatever is present. It follows that we have in such cases to deal with not merely an obstruction to the overflow of the gall into the duodenum, but that that part of the liver by which the gall is prepared from the blood being out of order, it does not prepare bile; no bile being made, therefore none can be poured out, or absorbed into the skin, or cast out by the urine, the urine being of a pale gold color.

When chelidonium is indicated the tongue is covered with a gray, shaggy, thick coat in the morning, which can be partly rubbed off. Sometimes there is prickling or stitches in the

end of the tongue; generally there is a thick yellow coating with red margins, showing imprints of teeth, or the coating is white. There may be diarrhea, stools yellows. These symptoms may be more or less present, but there is another symptom that is still more characteristic, and is always present if chelidonium is well indicated—a pain in the back under the angle of the right shoulder blade. This pain may extend to the chest, stomach, or hypochondrium. This pain is always a sign that the liver is affected and chelidonium indicated.

### *Passiflora Incarnata.*

Ramsauer <sup>10</sup> thus closes a study of this drug:

"It has special action on the ganglionic cells of the gray matter of the cord. In insomnia it act like a charm without any unpleasant after-effects.

"It is valuable in neuroses, and reliable in tonic spasms, which are present in a great number of cases of spinal meningitis, and will prevent clonic spasms.

"In nervous affections following congestions of the cord and ganglionic centers it produces a quieting effect not produced by any other remedies, and in rapid irregular respiration, due to irritation of the medulla.

"It is a specific in the pains of the heart, with an irregular pulse, when there is no fear of immediate dissolution and constant fear of death.

"In the irregular pains of pregnancy its action is sure.

"In insomnia from over-indulgence of alcoholic beverages it acts like a charm, given in full doses every hour till rest is produced.

"It relieves innervation of the nerve centers; sympathetic innervation, especially so in epilepsy, given at night when nightly attacks occur.

"In enlarged prostate, through its action upon the pelvic ganglia, it exerts a special action."

### *Sticta Pulmonaria.*

Douglass of Baltimore<sup>12</sup> believes the lichen is one of our very best drugs in certain conditions. Perhaps its most useful sphere lies in its catarrhal symptoms. In influenza when sticta is curative we find excessive and painful dryness of mucous membrane; the secretions rapidly

dry and form scabby concretions, requiring great effort to discharge them; the soft palate feels like dry leather, making deglutition painful; irritation in the chest, more in evening and night. Severe coryza with violent sneezing, intense headache, and conjunctivitis. For those distressing attacks of influenza which are epidemic in the winter and spring, where the discharge at first is nothing but hot, irritating, watery mucus; afterwards becoming thick, bloody, green, or yellow. These discharges sometimes dry up, scabs form in the nose and throat, and cause painful hawking and cough. In this stage, owing to the suppression of this discharge, rheumatic inflammation of the joints occurs.

The cough of sticta may be racking, incessant, and wearing, lasting hours and causing great exhaustion. This kind of cough is often found in phthisis, laryngitis, and bronchitis. Sticta *rx* will afford prompt relief.

The cough of sticta may be loose mornings, less free during the day; pain in the left side below the scapula; tickling in the larynx and bronchia.

Sticta is one of our best remedies in hay fever, with the symptoms above noted.



### CLINICAL EXTRACTS.

By H. F. BIGGAR, JR., M. D., Cleveland, Ohio.

(Concluded from May 1 issue.)

*Cancer of the Stomach* may occur in any part of this organ from the esophageal orifice to the pylorus, though the latter location is by far the most frequent. The age at which it manifests itself is between forty and sixty. Symptoms: Pain, inability to retain food, vomiting after food is taken, either immediately or from one-half to two hours after, emaciation and rapid decline, absence of hydrochloric acid or presence of lactic acid. Surgery, at present, offers the only hope for cure.

Gastro-enterostomy is a joining of the stomach with some part of the small intestines, preferably the jejunum, for the relief of pyloric stenosis.

Pylorectomy is a resection of pylorus when the walls of the stomach are not involved and when pyloroplasty will not afford relief.

Pyloroplasty is a relief of simple stenosis, of moderate extent. It consists of a mechanical enlargement of the lumen by taking out a double V-shaped section and suturing transversely.

Gastrostomy consists of making a permanent opening into the stomach for the introduction of food and is indicated in inoperable strictures of the esophagus, either benign or malignant. The most efficient method is that of Witzel, who introduces a rubber tube, obliquely into the stomach, and enfolded in the stomach-wall by peritoneal approximation. The stomach is then stitched to the abdominal wall and the wound closed.

Mr. J. H. H., æt. forty-six, complained of chronic dyspepsia of long standing, rapidly getting worse. Could retain no food on his stomach and suffered severe pain after eating. Stomach washings were tested, but no evidence of malignant disease was found. Palpation revealed small tumor over pyloric end of stomach. Stricture of pylorus was diagnosed and operation advised. Exposure of the stomach by a median incision disclosed a moderate stricture of the pylorus, no adhesion nor marked inflammatory deposits. Pyloroplasty was done and seemingly the lumen increased to normal and the wound closed. At the end of a week the patient began to decline, with a return of his old symptoms. The same wound was opened and gastro-enterostomy performed, the selected points being the lower-anterior part of the greater curvature and a point in the jejunum about 14 inches from its beginning. The operation was necessarily hastened on account of the patient's weakened condition, and the abdomen closed with through-and-through stitches.

Intussusception of the bowels occurs in about one-third of all cases of acute obstruction, and the most frequent site is at the junction of the small and large bowel. The symptoms are severe and without warning. Pain, rapidly increasing in severity, vomiting becoming fecal, early or late, distention and collapse, sometimes a sausage-like tumor can be felt.

Passage of blood and mucus is a characteristic symptom.

Palliative treatment is occasionally beneficial,



but it is a question whether the time lost in palliation is not too much risk to the patient. Operation should be performed at once and the invagination delivered, or if the gut is not viable, resected.

J. J. D., æt. seventy-six, was taken suddenly in the evening with severe abdominal pains, nausea, and later vomiting; temperature normal, pulse 120. On emptying the lower bowel by enema, bloody mucus was passed. Pains increasing in severity, and on palpation a tumor about the size of a large orange could be distinguished a little to the right of the umbilicus. Intussusception was diagnosed and operation advised and performed. Five feet and nine inches of the small bowel was found invaginated into the colon, and when released was found to be so necrotic by congestion as to be inviable. This entire length was resected by end-to-end anastomosis, the mesentery sewed in apposition, and the wound closed by the three-layer method. The patient did well for but three days, and, his age and vitality being against him, died from exhaustion.

A case of interest was that of Miss S., æt. twenty-four, who was presented by Dr. B., with a foreign substance in the bladder. She said that while in a semi-unconscious condition she had, in some way unaccountable, slipped a lead pencil into the bladder. Under chloroform the urethra was dilated and we were able, with forceps and one finger in the bladder, to grasp the end of the foreign article, and withdrew a piece of lead pencil, four and a-half inches long. There are on record similar cases where patients have had to consult surgeons for the removal of hairpins, toothpicks, handles of tooth brushes, etc.

*Cerebral Pressure by Hemorrhage.*—Mr. W., æt. twenty-four, a year ago was struck by an electric car, sustaining injuries of head and hip. An hour after the accident he was brought to Huron Street Hospital, and in the presence of Dr. Cook, railroad surgeon, Dr. Bingham, his physician, and Dr. Perry, was examined and found to have sustained fracture of rim of os innominatum and laceration and contusion of scalp. He was unconscious, with pulse and breathing normal and pupils normal. Dr. Bingham had given him, during his six-mile ride in the ambulance, two hypodermics of strychnia, each of gr.  $\frac{1}{40}$ . His

condition was such that all concluded not to interfere surgically with the cranial injury until some symptom demanded it. A few minutes later he had a spasm, rigidity of muscles of extremities and body, stertorous breathing, rapid, feeble pulse and contraction of pupils. Chloroform was immediately given, the scalp wound enlarged and laid back, disclosing a fracture of the parietal bone extending underneath the squamous portion of the temporal. No depression, but by trephining at the fracture and by opening the dura, a quantity of fresh blood escaped from a rupture of the posterior branch of the middle meningeal artery. Immediately the breathing ceased to be labored, the pulse became more normal, and the rigidity of the muscles passed off. This almost instantaneous change gave a most remarkable picture of relief from cerebral pressure. Deep drainage from the brain was established and the wound dressed. By frequently changing the drainage the wound was kept free from blood and the patient got well.

*Tubercular Inflammation of the Kidney* varies greatly in its destruction of renal substance, as the nodule may be encapsulated or localized in the pelvis or mouth of the ureter, or by general miliary growth effect the destruction of the interstitial tissue. The organ itself is often enlarged and nodular. The urine at first remains about normal, but later the quantity increases and the specific gravity lowered. The microscope may or may not show the bacillus. Frequent micturition is a prominent symptom from the first, accompanied by slight fever of hectic type and sweating, emaciation, and pain locally. Tubercular nephritis is slow in progress, frequently taking years to run its course. The treatment aside from hygiene, diet, climate, medication, etc., is to drain the sac or extirpate.

C. McR., referred by Dr. Gillard, Port Clinton. Family history tubercular. Had had, in all, ten operations. First noticed inflammation of prostate and bladder, and underwent perineal cystotomy for relief. He was passing large quantities of mucus and pus. The disease progressed up the left ureter, and an abscess formed in the region of the left kidney. This, when opened and drained, gave relief and healed by granulating from the bottom. He would then be well for a few months and his troubles would return

and the operation repeated. In the last operation an enormous amount of pus was evacuated from above the kidney, where it had worked through the diaphragm into the thoracic cavity. The kidney was thoroughly diseased, enlarged, nodulated, and so extremely soft and friable it could not be handled. It was taken out and the wound thoroughly cauterized with carbolic acid and packed with gauze. Healing was slow on account of the extensive wound, but finally closed; and he has been well since, but is under frequent examinations to be prepared for any showing of the disease in other organs.

*Renal Calculi.*—The solids of the urine are sometimes deposited in the kidney and its pelvis in the form of sand, gravel, or calculi, the smaller find their way down to the bladder, then to the ureters, and are ejected with the urine. The number of calculi found in the kidney is not limited to one, for as high as two hundred have been found in one organ; the size varying from that of a pea to large single stones, occupying the pelvis, and forming a perfect cast of the pelvis and calyces. Calculi formed in the parenchyma, having become encysted with no suppuration, cause very little disturbance of function. If, however, inflammatory action is set up, suppuration and abscess follows. Likewise, a stone encysted in the pelvis or in one of the calyces, may remain indefinitely unnoticed, but if dislodged over or into the outlet of the ureter, it produces intense pain, dilatation, and hydronephrosis. Large calculi are sometimes carried for a long time with no further disturbance than an occasional pain or a sense of bearing-down in the loins. On the other hand, the pain from a very small stone is most excruciating, radiating from the kidney across the abdomen, or by reflexes to the sound kidney; or traveling to the inguinal region and down the thigh; not infrequently so severe is it as to induce unconsciousness and delirium. Rectal tenesmus, abdominal distention, vomiting, constipation, suppression of urine and hematuria, are characteristic symptoms.

J. S. H., æt. forty-eight, had passed gravel nine years previous and has had occasional attacks of renal colic since that time. In September, 1898, found him suffering intensely from a severe renal colic, which came on suddenly without

warning. After exhibiting the usual remedies with only temporary benefit for eight days, he consented to the advice of an operation, which was done immediately upon his removal to a hospital. The kidney was dislodged and brought up through a lumbar incision. The adhesions and attachments were so dense that an abdominal incision was also made to assist in breaking up the adhesions, and also to examine the other kidney. The affected organ was incised, and four calculi of the size of small peas were found. One had become engaged in the ureteral opening. The organ was so friable that even the heaviest catgut suture would not hold, so the incision had to be held in apposition by antero-posterior pressure by means of gauze packing. The wound healed kindly, and the patient has enjoyed health from that time.

*Cysts of the Kidneys* occur in a variety of forms and from many causes. There may be single, unilocular cysts, in otherwise healthy organs, filled with clear or darkish serum or colloid matter, with a delicate fibrous wall continuous with the kidney tissue. In chronic diffuse nephritis, two or more tubules or groups of tubes become dilated, forming two or more minute cysts. These give no symptoms apart from the diseased kidney. Cysts formed by obstruction of tubules by uric acid salts occur in the substance of the kidney. These are generally about the size of small marbles, but may grow and destroy the kidney substance, resulting in the whole organ becoming one large cyst. Usually in this variety both organs are affected.

Mrs. K., æt. forty-eight, sought counsel on account of suffering in region of right kidney. On palpation a tumor could be felt, movable and fluctuating, and operation advised for cyst of right kidney. An incision through the lumbar region revealed an unilocular cyst of kidney substance in the inferior pole of the organ. The sac was opened and drained and stitched into the parietal wound. The contents had a distinct urine odor. The sinus was kept open for some time, but finally closed with a restoration to health.

A reliable catgut, carefully prepared, is the best suture and ligature.

Silkworm gut makes an excellent subcuticular suture.

The nausea and thirst following an anæsthetic may be prevented or greatly mitigated by lavage of the stomach before the patient leaves the table, thus expelling the accumulated mucus and whatever of anæsthetic has been swallowed.

Great caution should be exercised in taking patients from the surgery room to their wards, to avoid exposure. They are much more susceptible after an anæsthetic. Two hard experiences with pleurisy and broncho-pneumonia following exposure have recently emphasized this caution.

Large doses of strychnia are not contra-indicated in shock. One dose of  $\frac{1}{10}$  gr., when indicated, does more than smaller doses frequently repeated.

Raising the hips and legs and lowering the head, with enveloping the patient with hot blankets, are important factors in combating shock.

The amount of scar tissue left for nature to obliterate can be lessened by proper manipulation of the tissues. At times healing *per primam* with no scar has been accomplished without a single stitch.

An experienced anæsthetist, by relieving the operator from any responsibility, insures a better surgical result.

Blood counts should not be neglected either before an operation or during convalescence.

Major operations, even to ovariectomies, have been done under local anæsthesia, when general narcosis is contra-indicated.

Aprons of sterile gauze should protect the abdominal viscera in every case, not only from infection, but also from shock due to manipulation.



### THE POT CALLS THE KETTLE BLACK.

By W. B. CLARKE, M. D., Indianapolis, Ind.

ONE of the curios in medicine is the tenacity with which for years the great majority of physicians have held to an erroneous belief in the small power of vaccination to do damage, even to its utter harmlessness, though in the face of the warnings and demonstrations of the minority and the frequent and positive rebellions of the laity. Surgeons use almost superhuman

precautions in avoiding the reception of the slightest scratch during an operation or autopsy, and yet unhesitatingly open the skin of a child and insert in the wound septic matter—pus from a sore on an animal—this as a fetich or incantation against smallpox, no case of which vaccination ever prevented, except possibly in those it killed.

But a new light seems to be breaking in on the darkness, and, strange to say, it is being shed on the subject by the very manufacturers of the foul stuff called vaccine virus. In their greedy commercialism they have fallen out, and are each vying with the others in desperate attempts to show the medical profession that theirs is the one pure virus, and that all the others are dangerous and unfit for the use even of a health (?) officer. *En passant*, in plain words, all "pure virus" is a pure lie, and vaccination is in truth the Jenneration of disease (in more ways than one), while its history is but that of a century of medical dishonor and a foul blot on the fair escutcheon of the noble art and science of medicine.

But this is not to be a tirade against or article on vaccination, but a plain exposition of the manufacturers' opinion of what "vaccine," "lymph," "virus," or whatever else "it" may be called, really is. And the following is mainly made up of extracts from advertisements of the producers of the stuff, as culled at random from the medical journals of this country, each of which may be easily consulted in the original by anyone interested enough to examine the records as above indicated.

The inception of this virtuous-vaccine-virus movement may be said to have been begun at Chicago, just in time for the World's Fair emoluments, as we gather from the advertisement of Dr. H. M. Alexander & Co., to the effect that "The Lancaster vaccine farms, Marietta, Pa., received the only award granted bovine vaccine virus at the World's Fair, Chicago. The following tabulation is the result of a thorough analysis made by the Columbus Medical Laboratory of Chicago, 'prompted by the unusually large number of dangerous results reported from vaccination during the present smallpox epidemic in Chicago.' The points examined were purchased in the open market and were selected from the public supply without stating the purpose for which they were to be used:



	PUS BACTERIA. Per Cent.	SAPROPHYTIC BACTERIA. Per Cent.
Lancaster Co.,	00	00
H. A. Martin & Co.,	00	20
Pennsylvania V. Farms,	10	5
New York Board Health,	15	35
National Vaccine,	20	20
Paquin V. Laboratory,	30	60
Chicago, Oak Park,	55	45
Missouri Vaccine,	85	90
New England Vaccine Co.,	90	20
Petet, Chicago,	90	100
Beeson, Fond du Lac,	100	75

"The results show that of the points examined, only those from Lancaster Co. vaccine farms were entirely free from pus bacteria, and theirs were also free from all other pathogenetic bacteria, points having been examined from all the known propagators in this country. 'The saprophytic bacteria that are at times found upon vaccine points are due to methods of drying, and cannot be entirely avoided. The organisms of suppuration are, however, due to unclean methods and filthy surroundings, are dangerous, and can positively be avoided.' Our farms are the largest, cleanest, and most complete in the world. Our vaccine source: America's only authenticated case of spontaneous cowpox."

Chas. Truax, Greene & Co. put it this way: "The unprecedented demand for cowpox lymph during the winter brought into this department of service many adventurers who had neither skill nor experience suitable to the work, and the result has been far from satisfactory. Our object has been to equip ourselves with such facilities as will enable us to supply our customers with a quality of virus which will stand any test. This virus is used by the Health Department of the City of Chicago, and the Health Department of the State of Illinois, it being the only virus that stands their tests."

Another advertisement of the Dr. H. M. Alexander Co. (Marietta) reads:

"At the beginning of this second century [of vaccination] the tendency is to propagate impure virus, in order to meet the demand for great discounts, thus lowering the price and making it impossible to propagate in a proper manner. The profession receive no benefit from the price, being obliged to pay the same for a dangerous article of very doubtful protective qualities. We appeal to you to aid us in maintaining the quality of this important production, by demanding that the propagating establishments, their equipment and processes be frequently and thoroughly investigated."

This statement is from the Parke, Davis & Co. collection:

"We are the only propagators who (1) test their vaccine physiologically to determine its activity, and (2) examine it bacteriologically to insure its absolute freedom from any trace of harmful micro-organisms."

And in their *Therapeutic Notes* for September is a report of a meeting of some Denver physicians, taken from the *Colorado Medical Journal*, as follows: "The universal opinion seemed to be that the aseptic vaccine (glycerinated) of Parke, Davis & Co. gave the best results. Those who had tried other vaccine almost invariably got septic infection."

The Dr. Francis C. Martin output is thus advertised: "Fully warranted and guaranteed the best vaccine lymph produced."

Boericke & Tafel's seller is thus insinuatingly championed: "This vaccine is entirely free from blood corpuscles."

McCoy, Howe & Co.'s advertisement judiciously advises: "To avoid large, confluent vesicles and severe inflammation, the vaccinator should always remember the importance of very small scarifications."

Another advertisement of Chas. Truax, Greene & Co. reads: "After careful investigation we believe we can offer the only vaccine virus in the market that is free from micro-organisms."

The New York Biological and Vaccinal Institute hit on the plan of putting the virus in glass tubes, and then advertises:

"The use of our product is not followed by large sores or abscesses, so often the result from the desiccated virus supplied on ivory points. The air with its oxygen is a great destroyer of viruses, and those that are constantly in contact with the air lose their properties and may become infected and cause septic symptoms."

Dr. H. M. Alexander & Co. explain that "Violent results arise from filthy stables, irritating drugs, filthy arms, cattle that are too old, filthy lancets, removing lymph too late, dangerous dressing, syphilitic patients, too large abrasions, and propagation in establishments where other serums are produced. Only award Columbian Exhibition. Bacteriological examinations in official inspections have all placed us thus far in the lead."

In a paper read before the District of Columbia Medical Society, June 5, 1895, Dr. Walter Reed, Surgeon in the U. S. Army, after

giving his very ample reasons for being dissatisfied with the boastings and "certificates of purity" published by vaccine-farm proprietors, who, while boasting their own wares, declare that all other vaccine material is poisonous, says he examined vaccine points in original packages from various vaccine companies. "As a result of the examination, I found colonies of bacteria present, as follows, per point :

	MAX.	MIN.	AVER.
National Vaccine Co.,	1380	43	383
Lancaster Vaccine Farms,	12312	110	2386
Chambersburg Vaccine Co.,	39440	3230	14122
H. A. Martin & Co.,	17160	4200	9740
New England Vaccine Co.,	89000	54000	73330
Minnesota Vaccine Station,	7580	1500	4550

"As regards the presence of pathogenic bacteria, colonies of these were found in all the plates from the six vaccine farms whose virus was subjected to examination. . . The pus organisms were staphylococcus albus and aureus. . . I did not fail to find pus-cells on the cover slips from any of the points coming from the various vaccine farms which were subjected to careful microscopical examination."

The following is from the *Journal of the American Medical Association* :

"Dr. Gustave Futterer, professor of physical diagnosis in the Chicago Polyclinic, communicates some rather alarming information concerning the vaccine points of commerce. With all necessary aseptic precautions on his own part, he finds on bacteriologic investigation at least one kind of micro-organism present on every point examined. Some of these, it is true, are of little importance, but it will throw considerable light on the frequent untoward sequelæ of vaccination to learn that out of 75 points obtained from different sources and submitted to detailed examination 55 (or 73 per cent.) revealed the presence of pathogenic micro-organism, the streptococcus aureus, etc., and 10 (or 13 per cent.) were infected with the streptococci of erysipelas and phlegmon. Dr. Futterer announces that he is at present, by experiment and practice, trying to answer the following questions : (1) Which is the best way to disinfect these points, and how may they be kept in an aseptic condition ? (2) How should aseptic vaccine be kept and carried around for practical use ? (3) How can septic vaccine be made aseptic and kept without impairing its properties as an effective vaccine medium ? The last point must be well considered, since a vaccine that has been found to be aseptic once may not always be so, and even if it is it can easily be contaminated by opening the bottle or use. It would certainly be safer if a disinfect-

ing agent was added that would not only destroy the germs already contained in the vaccine fluid, but also those entering later."

As a result of all this and much more mud-slinging, and of the disasters following the use of such filthy material, and of the professional demand for some "scientific" procedure that would "preserve vaccination from reproach," the "glycerinated lymph" scheme was sprung upon and eagerly adopted by the easily gulled vaccinationists. And it was soon another case of "Ring out the old, ring in the new !" "The King is dead ! Long live the King !"

The firm of Parke, Davis & Co. have probably been the most liberal advertisers of this newest shuffle. Under a "scare" head "'Points' are Unreliable and Unsafe," they say, after describing their glycerinated product :

"It is a noteworthy fact that manufacturers of vaccine have generally ignored those rules of rigid surgical asepsis which have been recognized for years as absolutely necessary when the physician desires to make a break in the healthy skin of his patient. As a result, septic infection after vaccination has been commonly met with in general practice. The object of the product now offered by us is to produce infection with *pure* cowpox, and to avoid the sores and sloughs which naturally follow the use of vaccine material carelessly prepared and often loaded with the organisms of ordinary pus. In 1894 the Columbus Medical Laboratory of Chicago made a careful examination of eleven different varieties of vaccine points, made by as many manufacturers, and only one was found to be free from bacteria and blood cells. Of the rest, several were decidedly unfit for use. But, notwithstanding all our aseptic methods, vaccine, like other moist physiological products, no matter how carefully prepared and protected, is liable to deteriorate after a certain period of time. For this reason we exchange for fresh virus."

This source could be much more largely drawn upon, as much space in its publication, *Therapeutic Notes*, is devoted to the subject. But I will only refer you to the excellent cut of a regulation old-style, ivory-point, syphilitic-looking vaccine ulcer presented on page 26 of the April, 1900, issue of that publication.

The H. K. Mulford Co. has this to contribute regarding its product :

"While we furnish ivory points, they are not so reliable as glycerinated lymph, owing to the difference in the method of collecting and fur-

nishing the vaccine. It is pure virus, being free from the disease germs universally found in all other forms of virus."

And in the current number of the London *Lancet*, in the advertisement of the Jenner Institute, "Aseptic Glycerinated Calf Lymph," may be found this significant display line: "Free from Erysipelas and Tubercle," an evident charge that other viruses are not above suspicion in this direction.

The National Vaccine Establishment, Washington, in its advertisement, defends points that have glycerin on them, thus:

"Something new—ivory points charged with glycerinized lymph. It is known that glycerin will destroy the pathogenic organisms found in vaccine lymph. Such organisms are a frequent cause of sore arms. The inconvenience of the capillary tube has been a great drawback to the use of the glycerinized lymph. Yet the dried lymph on ivory points has been virtually abandoned in Europe, and all educated physicians are teaching against its use. [So there are some uneducated physicians in Europe as well as here!] We have succeeded in protecting a sterilized ivory point, charged with glycerinized lymph, and offer you something absolutely new in vaccine."

We cannot now draw at greater length from vaccine-manufacturers'-squabble literature available, as some space must be reserved for a consideration of glycerinated vaccine itself. It is preposterous to grant glycerin germicidal power and yet deny that it would render vaccine impotent. This is an assumption only, and has never been proved. Only a couple of years ago it was authoritatively denied that the old virus and old methods caused trouble, though everybody knew better. Now it is officially admitted—but the new virus is free from guile! What kind of protection can a harmless vaccine confer? Jenner denied genuine character to any that did not cause erysipelas, and said that the natural course was swelled glands, sometimes turning to abscesses, with high fever, often delirium—a veritable picture of blood-poisoning. The times are improving if manufacturers and health (?) officials try to introduce "innocuous virus," whatever that is. Did not the Lyons Vaccination Commission insist, as pointed out before the French Academy of Medicine in 1865, that "the prophylactic virtue of the virus is in

relation to its activity?" And the bigger the dose the greater the activity. "This is the lymph." Is it? Lymph is a natural secretion and nutrient, but vaccine virus is dried pus, morbid matter from a sore on an animal.

William Cobbett, an old English writer, coined the expressive phrase, "Quackery always has a shuffle left." "Glycerinated lymph" is the latest shuffle of the vaccine quackery. Jenner promised the race absolute immunity from smallpox on receiving vaccination. When smallpox resulted after vaccination, his shuffle was that the latter was "spurious," though done by his own hand. Shuffle No. 2 was, This is not smallpox, only varioloid—just as contagious as the other, only folks don't die of it. This is the mitigation theory, as though everyone had to have a severe case unless vaccinated! Then comes the multiplicity-of-marks shuffle, the revaccination shuffle, and the dozen-different-viruses shuffle, and now comes the glycerinated-vaccine shuffle, new here, but old in other portions of the world, as a patent was taken out on it in England in 1882, and it was employed in Italy years before that. Fifteen years ago, before I learned better than to vaccinate, I used to keep my vaccine points in a small vial of glycerin—not with any idea of sterilizing them, but to keep them clean and from contact with the air.

The old points were prepared by dipping them in pustules on an animal and allowed to dry. The new "lymph" is prepared by gathering the pus and scraping the pustules' walls, and this is mixed in an equal quantity of glycerin. Its promoters claim that all disease germs in the vaccine will die in the glycerin, except those that are wanted. Vaccine has no distinctive germs of its own, and if it had, the glycerin would of course kill them, if it could kill the others. So if the germ-killing ability of the glycerin is admitted, the absolute inertness of vaccine must also be admitted.

What is the testimony of experts and users? The pamphlet of the New England Vaccine Company says the only pure virus is the expressed liquid from the vesicles. It describes the glycerinated kind and says it "has not been and cannot be sterilized." Prof. E. M. Crookshank, a master bacteriologist, professor of pathology in Kings College, London, says: "Vac-



cine lymph is a most suitable cultivating medium for micro-organisms, and bacteria invariably get access to the contents of the vaccine vesicles." Dr. A. McWier, in the *British Medical Journal*, December, 1897, says that for years he used "glycerinated calf lymph," but abandoned it because "(1) the percentage of failures was very high; (2) very bad arms resulted; (3) a diffused papular eruption was very common." The *Sanitary Review* (England) of March, 1898, says: "Laboratory workers have about come to the conclusion that it is at present impractical to produce a sterile vaccine. The results of the use of this so-called 'germ-free lymph' have not been to secure freedom from the inflammatory complications of vaccination. On the contrary, it is the general testimony, given by those who have experimented at length with such lymph, that inflammatory reactions occur in about the same proportion of cases as before this lymph was introduced." A German official report tells of eleven deaths from it in 1894, and many doctors have petitioned the Reichstag against it, calling attention to disasters from it. The worst one was the recent wholesale one on the isle of Rugen, North Germany, when 320 children and adults were injured by the use of glycerinated calf-lymph, obtained from the government establishment. And the English government board admits that the results of all experiments in this line "have been of a notorious negative character," as was logically to be expected, as it was all pure conjecture only. When two children died in London from this aseptic (!) vaccination, Dr. Loane, their executioner, said: "The lymph had, under aseptic precautions, been mixed with glycerin. The reason of so mixing it was that it had been proven by scientific (!) reports that thereby all organisms were destroyed except the organisms which produce the effect for which vaccine is used."

And the following is from an editorial in the London *Lancet* of January 7, 1899:

"Up to the present, of glycerinated lymphs derived from 11 or 12 sources, it is found that in one instance only was the lymph really good—that is, on the various occasions on which it was examined there were never more than 13 colonies present, sometimes there were none, and usually only 3 or 4. In 3 other cases the number of bacteria was very small, and these

were all of a spore-bearing type. A number of the other lymphs contained a very considerable number of micro-organisms, in some cases non-spore-bearing. One sample of lymph was exceedingly bad, another brand was good on one occasion and bad on another, and another which was fairly good on one occasion was bad when examined a second time. On careful examination of these different samples of lymph it appears that the methods of preserving the vesicle from contamination and of collecting the lymph differ in a most remarkable degree."

When will our "health" officials learn their necessary lesson that their superstitious effort (worse than Indian incantations) to improve or perfect health through imparting disease and breaking down our wall of defense, pure blood, is working along wrong lines? Those officious and odious vaccinating "sanitarians," who pin their faith on "scientific" assassinations of the blood, the cornerstone of health, who are so short-sighted as to violate the very foundation principle of sanitary science, which is to exclude from our systems all depressing and poisonous matters, should ponder over this historic sentence from William White, author of the fascinating "The Story of a Great Delusion": "Smallpox is not a mysterious visitation to be mysteriously dealt with or dodged by medical artifice, but is a crisis of impurity in the blood, induced by foul conditions of life, which cannot better be disposed of than in the course of nature by eruptive fever."



### MATERIA MEDICA QUESTIONS.

By E. FORNIAS, M. D., Philadelphia.

What is the aggravation of lycopodium?

Child awakes from sleep terrified. Child on awaking is cross and irritable, kicks and strikes. Worse from 4 to 8 P. M.

Give the urethritis of mercury.

Specific urethritis, with yellow and green discharges. Inflammation of sexual organs, red, raw, excoriating. Complaints on passing water. Children often pull at penis, itching and scratching.

Give the hepatic symptoms of lycopodium.

Distress in liver, aching pressure in liver, worse from pressure. Pressure over hepatic region, makes a sensitiveness along the

duodenum. Ascites with hepatic disease. Constipation, ineffectual urging. Cirrhosis. Hepatic abscess.

Give the indications for *natrum mur.* in eye affections.

After the abuse of lunar caustic, especially in scrofulous affections of the lids. In keratitis with ulceration, and when there are smarting, burning, feeling of sand in eyes, worse in the morning; acrid, excoriating tears; photophobia, marked with spasmodic closure of lids. Amblyopia of chlorotic women who suffer from menstrual disorders.

Give the paralysis of *plumbum*.

Paralysis with atrophy and coldness; the parts waste away. Wrist-drop from loss of power of the extensor of the hand. The patient is chilly and feels cold; worse towards evening. Paralysis alternates with colic and is preceded by mental disturbances; tremor, spasm, long-continued dull, stupid feeling; or by shooting, darting, intense tearing pains in track of long nerves.

Give the pneumonia of *veratrum vir.*

Incipient pneumonia, lungs engorged, tense, circulation excited, pulse running up to 150-160. Feels faints if he moves. Prostration, vomiting, and burning pains. Tongue red down the center. Sinking, faint feeling at the pit of the stomach.

Give the relation of *conium* to *zinc* in celibacy.

Both have impotence, spermatorrhea, loss of prostatic fluid, without excitement. Emissions without dreams. Both have hypochondriasis from sexual abuse or from suppressed sexual desire. (*Verbascum* has also emissions without lewd dreams.)

Give the bone symptoms of *phosphorus*.

Increased deposit of bony tissue, and finally breaks down in necrosis. Necrosis of lower jaw. Under *phosphorus* small wounds bleed much or easily.

Give the gastric symptoms of *pulsatilla*.

Foul taste, especially *A. M.* (*nux. v.*), worse after food or drink. Taste of food remains a long time after eating. Tongue white or yellow and coated with mucus; sticky, parched, dry; no thirst (*ars.*); it causes nausea. Eructations tasting and smelling

of food (*ant. c.*, *graph.*), bitter, bilious, rancid, sour. Aversion to fat pork, meat and pastry, ices, milk. They cause flatulence and distress. Ulcerative pain and diarrhea. Gnawing distress when stomach is empty. Weight in stomach early in the morning on waking, also an hour after eating, better by eating again (*anacard.* and *hepar*).

Give general effects of *nux vom.* and *ignatia*.

Both have the power to hinder the co-ordination of muscular action.

Give the chronic poisoning with mercury.

Salivation. Gums swell and become tender, dark red, and leads to ulceration of mouth. Scorbutus and stomacacea. Produces a tremor beginning in upper extremities and extends all over the body. Body wastes away. Blood impoverished; poor but less albumen. Bone pains.

Give mental symptoms of *hyoscyamus*.

Not much fever or congestion (asthenic remedy). Fears. Terror of being left alone; poisoned or bitten. Persists in tearing off clothing, exposing sexual parts, sings amorous songs. Scolds (*verat. alb.*), raves (*stram.*), muttering, picking at bedclothes. Plays with fingers. Brain full of images, hallucinations. Very weak. Angular motions; jerks of single or sets of muscles. Difficulty of going to sleep from nervous excitability. Whines and groans and starts up frightened (*bell.*).

Give the use of nitric acid in syphilis.

Syphilis secondary after abuse of mercury. Bone-pains every damp day and at night. Shin-bones especially. Ulcers form here and there, with irregular edges, offensive discharges. It affects the outlets of the body where the skin and mucous membrane join, forming ulcers there.

Give the skin symptoms of *natrum carb.*

A rough, tettery skin. Herpes with yellow rings. Skin dry, rough, and chapped.

Give the chill and fever of *ignatia*.

Chill better by external heat, as when getting near the fire. Chill with thirst during external heat. Sweat slight or only on the face. *Ignatia* follows *zinc* well, but *nux vom.* is inimical to *zinc*.

*MR. KIPLING ON A HOSPITAL TRAIN.*

MR. KIPLING is also among the prophets who have risen to bless the splendid organization for dealing with the sick and wounded in South Africa evolved by the officers of the Royal Army Corps. In his four letters which have been published he gives a picture, drawn with the graphic pen which probably he alone among modern living writers can command, of the journey made by one of the hospital trains from Capetown north to Modder Station, to bring down some of the wounded from Paardeberg. He describes how, when the wagons came down from the hospitals "the doors of the cars flew back; orderlies went to their stretchers; the side boards were ripped out of the bunks; the cook put the last flavoring to the big stock-pot; the sisters stood to attention, each in her ward—a doctor and a sister are responsible for half a train apiece—and the blessed morphine needles were made ready. They want rest from pain, our wounded. Food and clean sheets will often bring it, but on occasion we must help Nature." He describes the long journey down to Wynberg, the good-humored, even humorous, talk of the wounded, the quiet efficient work of the surgeons, and the beneficent tyranny of the sisters.

*THE DISEASES OF SOUTH AFRICA.*

DR. KOLLE, who has just returned from South Africa, where he has been studying bovine plague, has given the Medical Society of Berlin the benefit of his views as to the diseases of that part of the world. In beginning his address he volunteered the opinion that the war, which he regards as a racial struggle, will end in the victory of the Boers. It may be surmised that on this point the wish was father to the thought, for Dr. Kolle went on to point out that when Great Britain ceases to be predominant in South Africa that region will form a convenient "dumping ground" for the large number of superfluous practitioners of medicine who are turned out every year from the universities of the Fatherland. Dr. Kolle stated that the Boer nation numbers some 800,000 souls, and is spread over the whole of South Africa, whilst

the British are found only near the sea coast, and in certain commercial centers. There are six times as many negroes as whites. The climate presents every intermediate degree between temperate and tropical, and is one of the healthiest in the world. There is, however, a great scarcity of good water. Nearly everywhere surface water is used, which the domestic filters fail to make wholesome. Consequently typhoid fever is frequent, and is so fatal that the mortality which it causes is regarded by some as the result of a mixed infection of typhoid and malaria. Next in the order of prevalence comes dysentery. Malaria is frequent, and occurs in the tertian and tropical types. Dr. Kolle points out that although mosquitoes are found all over South Africa, there are many places where there is no malaria; he admits, however, that the mosquitoes may not be all of the same species throughout the country. Plague, yellow fever, and cholera have on several occasions made casual appearances in South Africa, but have not struck root. Dr. Kolle attributes the fact that the plague did not spread last summer from Delagoa Bay to the absence of indigenous rats, and to the care which was taken to prevent suspected ships from discharging their cargoes, and thus introducing imported colonies of these rodents. Scurvy is met with in a serious form among the negroes; Europeans also suffer from it when they are exposed to privations. Pellagra is almost unknown. Syphilis rages as a veritable scourge among the negroes, showing itself in the most acute forms so as often to be unrecognizable till the results of specific treatment show the nature of the disease. Tuberculosis is almost unknown among the Boers. Leprosy, however, obtained a footing among them at the beginning of the century, and the sufferers from that disease are now estimated at from 8000 to 10,000. Dr. Kolle explains their freedom from tuberculosis by their open-air mode of life. Pneumonia assumes so formidable a type in negroes that it has been thought to be a distinct disease; the ætiological factors, however, are the same as in Europe, and the gravity of the disease arises from alcoholism, which is universal among the natives. Dr. Kolle goes so far as to say that alcohol is the chief factor in the mortality of the



negro population. Another cause of the progressive disappearance of the negro race is the great infant mortality, which is largely due to artificial feeding. The Boers' children, on the other hand, are nursed by their mothers, and the infant mortality among them is very low. The Boers are very prolific, families of twelve children being by no means rare, and patriarchal figures, such as twenty-four and upwards, are not seldom reached. On the whole, the ravages of epidemic disease in South Africa are slight in the human race, but it is far otherwise in regard to domestic animals. From this point of view South Africa offers an immense field for the study of infectious diseases.



### *THE BICYCLE IN MILITARY MEDICAL SERVICE.*

ACCORDING to a regulation recently issued, all men belonging to the medical service of the German Army must learn to ride a bicycle sufficiently well to use it either on the march or in cantonments. For a considerable time past several commanding officers of regiments in the French army have allowed medical students serving as assistants to medical officers to use bicycles on the march and in attendance at maneuvers.



### *NORMAL SALINE SOLUTION OF BUFFALO LITHIA WATER USED BY RECTAL AND SUBCUTANEOUS INJECTION.*

By BENJ. K. HAYS, M. D., Oxford, N. C.

THE best of all diuretics is water. The safest and surest method of stimulating a torpid kidney to action is to administer large quantities of some water, known by experience to be easily borne and readily absorbed by the stomach and bowels. The addition of a small quantity of common salt increases the diuretic action of water, but is rarely borne by the stomach.

To avoid the disagreeable effect of salt upon the stomach, the practice of injecting salt solution into the bowel has become very popular in recent years, and numerous observers have testified to the efficacy of this treatment.

It is a well-established fact that many natural mineral waters have a decided diuretic action, even when given in comparatively small quantities. If these waters have specific diuretic action when given by the stomach, I see no reason why they should not act equally as well when given by the bowel.

My experience has been confined to the use of Buffalo Lithia Water, and I have used it in three cases successfully.

Recently I injected a quart of warm normal saline solution of Buffalo Lithia Water into the bowel of a patient seven months advanced in pregnancy who was having convulsions. The kidneys began to act freely in a few hours, after which the patient was able to take the water by the mouth.

I do not think that definite conclusion can be drawn in regard to the action of any remedy which has been used but three times; but when we consider the well-known diuretic action of a normal saline solution in the bowel or under the skin, and the specific diuretic action of Buffalo Lithia Water when given by the mouth, I think it rational to believe that we have a remedy of unequalled value when we make our saline solutions of Buffalo or some other water known to possess specific diuretic properties.



### *Globules.*

Unless there are special indications aseptic wounds do not need redressing for eight or ten days.

Wounds about the face may be closed by a subcutaneous ligature, and thus render a scar less likely.

In the treatment of acute cystitis five drops of the tincture of thuja every three hours is a valuable remedy.

In the treatment of acne rosacea restrict the patient's diet to 24 ounces of solid food (calculating it uncooked), or less; it should be taken at two meals or three at the most, and should not contain more than four ounces of animal food. A correspondent has found this plan very successful.

The *Medical Advance* has had another revo-

lution in its publishers. Now we are back again to Chicago. Its motto might with but little straining be changed to include its frequent changes of location and publishers somewhat like thus: "Its law is progress. A point which day before yesterday was somewhere in Michigan and yesterday in Elkhart is Chicago to-day and may be some other starting-point to-morrow"—and for some other publisher. We would like to suggest that the enigmatical "F. W." be taken into full editorship. His articles are always readable and excellent.

The *Medical Advance* thinks that Dr. J. T. Kent, now of Philadelphia, is about to remove to Chicago.

The Transactions of the Ohio State Society are rapidly passing through the printer's hands and will soon be in the hands of the membership.

The Denver Homeopathic Club, with Dr. John W. Harris president, and Edwin Jay Clark secretary, has sent us a pretty little folder, giving dates and titles and names of doctors who will be on hand to do justice to the titles and upon the dates as named. Our best bow to the Denver Homeopathic Club, and with request that it send this journal a few of its "crack" papers.

The Homeopathic Directory for England, and Europe generally, being the 1900 edition, lies before us in its red jacket as in former editions. As the editors suggest, this book will be a valuable little addition to the traveling pocket of homeopathic physicians going abroad this year. It gives the address all such homeopathic physicians who have not refused to be included on ethical grounds, their address, and office hours. It wouldn't be a bad idea to send this book with some of your foreign traveling-patients, doctor. What we have said of former editions of this work we can but repeat. The book is excellently gotten up, small and compact in size and well arranged, and the price but 50 cents in United States money.

The Fifteenth Annual Commencement of the Cleveland Training School for Nurses, of the Cleveland Homeopathic Hospital, was held on—wait a moment till we see—no; no date is given on the programme which lies before us, in black and yellow. So we cannot say that the exer-

cises were the finest of the kind ever had in this school, or that the nurse graduates were the most intelligent and handsome of all preceding classes. But we can say that six young ladies, all with middle names, are billed as the class, and that they hail mainly from Ohio. Also that in Cleveland the *soi-disant* Cleveland Homeopathic Hospital has long since changed that distinctive but creed-recognizing name to the Huron Street Hospital, where a homeopathic physician is welcome with a patient at any time. Further, that the faculty, as printed on the undated programme, keeps sharply and carefully within the line of the college faculty—which is probably wise, since no wisdom, medical or surgical, worthy of being communicated to budding young womanhood could possibly be found without the college pale. But that isn't saying that these young ladies have not learned properly how to bind up the wounds made in the surgery. We know they have been so tortured and to the full. As for the rest—that for which hospitals were built and endowed in the recent past—caring for the sick—those who do not pass through the portals of the modern acedama—the front or back surgery—into a bed for fevers or other purely medical ailments—well, we don't know, and the other fellows don't care. So it's all right, possibly.

"The Advantages of Fraternal Associations," by John Prentice Rand, M. D., of Monson, Mass., being a reprint from the *North American Journal of Homeopathy*, lies before us. Those who have had the pleasure of reading this paper on its first publication, will appreciate its appearance in the present form—in order to have it at hand for use, for it is filled with excellent items on the undesirability of barb-wire medical legislation. If you haven't seen the paper, send to the author for it.

We have received the first report of the Lee Private Hospital, the descriptive matter for which was taken from a letter written to the *Medical Century* by its editor. The remainder of the report consists of the number and variety of operations. Dr. Lee is a famous homeopathic physician and an expert operator, and the tables he publishes of his results show the death rate to be abnormally small. Dr. Lee has a fine

hospital, located in one of the most beautiful parts of Rochester, and we take pride and pleasure in recommending both the doctor and his pretty hospital to our readers and their patients.

And that new and bright and breezy school periodical of the San Francisco Homeopathic College—*The Hahnemannia Periscope*—hangs out its banner with *Similia Similibus Curantur* emblazoned on it! This is rank treason—not to Hahnemann or to homeopathy, but to the resolution makers and their passers of the American Institute of Homeopathy. Perhaps these clear-headed, hard-fisted young homeopaths may ere-long violate that other wisely born resolution of the same Institute and spell homeopathy without the diphthong. Great is the resolution maker!

**St. Nicholas** for April had a cover-page which was appropriate and fetching. Its "with-ins," it seems almost needless to say, were equally good and instructive. Our children quarrel for the first reading of each issue as it appears; indeed, they lie in wait for the postman when that day in the month has arrived for the appearance of *St. Nicholas*. And little wonder! *St. Nicholas* was the first magazine they ever saw or heard read from as babies. It is a marvelously sweet little children's journal. It is clean in every respect; it is instructive, and still so interesting and entertaining that no child ever feels that it is preaching. The "St. Nicholas League" is producing wonders in the way of accession to the contributing corps, both in pictures and in composition.

The last issue of the *Lippincott* comes to our table with a far prettier title-page than was formerly used. In other respects it is an improvement. The last complete story, "In The Heart of the Ancient Wood," develops a knowledge of woodcraft in its author that is fairly remarkable, because it fails at any point in becoming monotonous, though dealing with the furtive inhabitants of the unbroken forest as much if not more than with the half-dozen human characters which form the story. In many ways the two leading characters and their surroundings remind some of the older generation of Hawthorne's "Scarlet Letter." Other stories are up to the high-water mark of excellence.

The C. E. Sawyer Sanatorium at Marion, Ohio, is issuing a beautiful lithograph of its extensive plant. This lithograph makes a pretty desk or mantel ornament. The sanatorium is deservedly popular and successful, and we know of no better place in Ohio for treatment and care of patients who require the comforts of a home while being treated surgically and otherwise.

The Cleveland *Homeopathic Reporter* for January, 1900, being in truth no new star in the journalistic constellation, but a change of name and form of the former several college journals of the Cleveland Homeopathic Medical College, is before us in a handsome outer cover and filled with interesting news-points and professional paper. Dr. J. Richey Horner, the editor, if he is given half a show by the profession, and especially the alumni of his college, will make a good and readable journal of the Cleveland *Homeopathic Recorder*.

The *American Review of Reviews*—perhaps we have left out one or two qualifying words in the magazine's title, but every up-to-date reader knows to which periodical we refer—is never lacking in the latest and most assured of news-points in the wide range over which it extends its far-reaching arm. As we have so frequently remarked, this is the busy doctor's literary magazine. It contains in highly condensed form the real truth of the month's situation in politics, in literature, and in general news. It does not strive after sensational readings of whatever may be transiently visible on the world's horizon. When you see it in this *Review of Reviews* you know it is so. A busy man—and there can be none more busy than the medical man—will turn with relief from the many newspapers and alleged magazines, purveying alleged news, to this *Review*, and refresh and strengthen himself at all points of the literary compass. If its excellencies were to be crystallized in one word, it would be FAIRNESS. It never slops over. It never undervalues. It is rigidly honest.

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# The American Homeopathist.

JUNE 1, 1900.

FRANK KRAFT, M. D., CLEVELAND, OHIO, EDITOR.

## OUR PORTRAITS.



ELDRIDGE C. PRICE, M. D.,  
Baltimore, Md.

## THE SANDUSKY MEETING.

IT wouldn't be right to say that the annual meeting of the Ohio Homeopathic Medical Society at Sandusky, just adjourned, was a failure, for it wasn't. But it lacked in several essentials of being a pronounced success. In the first place, there was the unavoidable absence of the president, Dr. C. E. Sawyer of Marion, who was detained by reason, as a telegram read at the opening session disclosed, of his father's very critical illness. This at the very last moment put the burden of presiding upon the vice

president, Dr. Morley, who, not anticipating this important duty, was almost wholly unprepared. He was without chart and compass, so to speak, for steering the good ship. Every committee had to be appointed out of hand and out of the handful who were present at the first meeting. That Dr. Morley did well under all these trying circumstances goes without much saying. It was a difficult place in which to place a man on short notice. And that is true usually of all vice presidents, from that of the United States to the Ohio Homeopathic Medical Society. There was an absence of the customary preparation by the chief executive with the result that a good many things went loose and slipshod, and othersome things didn't "went" at all. No one will blame Dr. Sawyer for the sudden and critical illness of his father; and no one will say aught but good of Dr. Morley for entering a race so badly hobbled and handicapped.

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THERE was but a sprinkling of the faithful at the meeting from first to last. There were the usual rounders who are always to be found at these meetings, to their eternal credit be it recorded. The mad chase after the hardware dollar does not deter these few from coming once every year to the State altar and there offering up their devotions. That they did not all come wholly for devotional purposes may be gathered from the fact that some few failed of reaching their proper domicile until an hour or more after the Dutch luncheon which the Sand-dusty physicians had provided for the society on the first night following the adjournment. The assembly room in the Sloane House was all right. Good light and excellent acoo-stick properties—in fact, the latter quality was too good for the execrable grammar with which

some of the readers and some of the disputants graced the occasion. The weather was good, a rainstorm setting in about middle of the first day, pleasantly cooling off the air and laying the dust. The entertainment of the local physicians was all right.

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CINCINNATI was there with its two best members, Buck and Walton. Columbus had Carpenter, Nelles (with his white plume of Navarre), Hunt, and Fletcher. Toledo gave us Emma Boice-Hayes, Parmalee, Rhonehouse, and Maxwell. And Cleveland came up with its delegation well made up. There were others, too, from other parts of the State: House of Canton, Carter (with his infectious laugh) from Akron, also Childs; Church from Salem; Reddish from Sidney; Lunger from Prospect. But Beebe of Sidney and R. B. House of Springfield, Geohegan of Cincinnati, and others of the well-known Ohio members were not present. This sparse sprinkling of members from distant points of the State gave Dr. Walton occasion, later in the sessions, to propose that hereafter the meetings of the Society be held at Columbus, which was accessible to all members, and not restrict the attendance upon any meeting to the members in any immediate vicinity. The former idea of holding the meetings in various parts of the State was for missionary purposes, but Dr. Walton did not believe it was a successful motive. His motion prevailed.

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ANOTHER reason for the poor attendance and the small array of papers was undoubtedly due to the mix-up on the American Institute of Homeopathy's movements. It had been agreed in the event of the Institute coming to Cleveland that no State society meeting would be held. And we all know now how long and late it was before the Institute formally decided not to come to Cleveland. By reason of this indecision many of the bureau chairmen made no effort to fill their sections until but a few weeks before the meeting. As a natural result the bureaus were poorly manned and womaned. Even the programme did not, as usual, shadow forth any great amount of material. And much of that which was thus shadowed failed to appear in the flesh. Several of the bureaus

went absolutely by default. The homeopathic part of the society had a few papers. The surgical and gynecological end did well, as always; though in the latter section two or three of the wheelhorses shied and kicked, and pretended to discredit the facts adduced by the others. The children's bureau was changed into an ophthalmological section; and homeopathy—

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THE Cleveland delegation, which might have been larger, considering the proximity of the meeting-place, met in amity; the factions—we speak it in kindness—had no knives up their sleeves, and all side arms were left in the office safe. An air of neutrality pervaded the meeting, there being every promise of an harmonious and sociable time. But this promise was rudely broken by one of the older members, who ought to have bottled his rancor for use on some more appropriate occasion, and not inject his personal quarrel into a public meeting; because of his conduct, therefore, he gave both days' sessions a disagreeable tang. The initial occasion for this display of feeling occurred on the first day, when Dr. Gann of Wooster read a paper on "Pathophobia," which had reference to a paragraph in the President's Address, and was directed at no one, being merely a frank discussion of the question of medical education and medical amity in the State. To this paper and to its author this fighting member from Cleveland instantly interposed most unseemly objections. On the next morning, a new committee being proposed, to be called the Committee on Medical Education, to be similar in purpose and office to that of the American Institute of Homeopathy, someone in the room desired to know the full scope of the new committee, and Dr. Biggar was called on to make such explanation, he being chairman of the same committee in the American Institute. The doctor had hardly resumed his seat, after a plain and unimpassioned statement of the case, when this same member from Cleveland, who had already given the State Society a taste of his tongue, arose and launched upon a tirade of personal vilification of Dr. Biggar that was astonishing for its absolute uncalled-for-ness and its violence. Dr. Biggar replied to some of the charges made, and

without feeling, being merely on the defensive ; but it was some time before acting-President Morley was able to restore the peace and quiet of the meeting. If the purpose of the personal attack on Drs. Gann and Biggar was the defeat of any proposed Committee on Medical Education it signally failed, since on the vote, which was called for, twenty-four voted for and three against the committee. We beg to add, from what we knew at the time and have learned since, that the college people proper had naught to do with the unseemly demonstration, and had no part in its instigation. They were doubtlessly as much astonished at the onslaught as the two innocent recipients of the Cleveland member's compliments. The occasion was decidedly malapropos. The meetings of the society were struggling along with sparse papers and little enthusiasm, but were mending, in that nothing of a quarrelsome nature seemed in prospect, when this party from Cleveland hurled the firebrand. That there was nothing in the paper by Dr. Gann, or in the explanation of the new committee by Dr. Biggar, to incite any personal attack is conceded on all hands. Nothing had been said or done to give the least occasion for a quarrel. In either case the society had it in its power absolutely to rule out the paper of Dr. Gann or turn down the proposed Medical Education Committee. But it chose to do neither. It was satisfied with the conduct of these two members, and both paper and committee were adopted.

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THE suggestion of Dr. Walton, which was debated for a while on the first day, that the publication of the *Transactions* was a very expensive procedure for the society, and that its suspension for a time—printing only the actual business of the session—would be desirable, we believe to be a wise move. The day has long since passed when the transactions of a State society form any very important or vital part of a physician's library. Usually the publication is delayed so long that all novelty is gone. And again, no man presenting a paper of any value to the society but does so in carbon duplicate, the original being at the time of reading in the type-shop of some one of the popular journals. The discussions, so much prized by

some, amount to so little that they are barely worth the paper they are printed on. Take, for instance, the discussion following Dr. Beckwith's declaration that ninety-nine per cent. of intelligent physicians of the world indorsed vaccination. It was more like the discussion in some political caucus. It was a desultory, rapid-fire discussion amounting to nothing. One man said it was, the other as vociferously said it wasn't. So it proved when vaccination was rung off and diphtheria was rung on. One man cured every case with antitoxin, the other lost every one. Discussions are fast tending into the monotony of an old-fashioned love-feast and experience meeting, which do no good to the listeners. A discussion based on careful preparation is worthy to listen to, but an impromptu debate partakes of unreadiness, of personal aggrandizement, and accomplishes nothing save the filling of the stenographers' note-books and the consequent depletion of the treasury. It is to be deplored that Walton's suggestion was unheeded.

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DR. WOOD, as chairman of Ohio, made an appeal at the close of the first day's session for a liberal donative to the Hahnemann Monument Fund. In this he was ably supported by the president of the Institute, Dr. Walton. The society, however, did not visibly melt under this fervid eloquence and enthusiasm. Later a paper was circulated at the Dutch luncheon, which was doubtlessly numerously signed. How much was secured no one seems to know.

The Australian ballot, so carefully constructed by a former committee for the protection of the society from the bold, bad politician, the college, and ring tactics, has never yet had an opportunity to show its strength. It usually reaches the stage of posting an unchallenged list of officials, and, next morning, on motion to suspend the by-laws, the whole batch is hatched or baked at one fell swoop. This year there seemed to be a dearth of material.

One of the markedly distinctive features of this, as of last year's, sessions was the rabid fear with which anything looking toward the appointment of a Committee for Medical Education was viewed. Why this intense fear? A good man does not fear investigation; a bad



man should be investigated. What have the colleges to fear from an honest investigation of what is going on in their midst? Has the un-professorial profession no rights? Why fight so shy of all attempts to improve the profession and elevate the standard? The committee, however, was appointed, and may prove as harmless as President Walton pronounced a similar committee to be in the Institute. Perhaps. We shall see. But when President Walton's statement of innocuousness and innocence for purposes of harm is stripped of its rhetoric, may one ask what committee of the Institute has plenary power? Is there any committee of the Institute furnished with any but innocent powers to meet, and resolve, and adjourn, and then do it again?

The recommendations of the outgoing president that the incoming president make the appointments was acted upon at once—the new president, Dr. Means of Troy, filling all chairmanships and committees.

There was no report from the Committee on State Registration and Examination; perhaps accidentally omitted.

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THERE was the usual legging and log-rolling for No. 1, for the college, and for the college journal. But what o' that? What are we here for, anyway, if not to look out for ourselves? And even when we get home, our secretary is carefully instructed to write up the annual meeting for the morning paper of our home city and directed to be especially careful that our name, our title, and our labors shall be prominently displayed in the article. But we do not advertise! Perish the thought! A good many fences were repaired and plans laid for future operations.

The society needs members and sinews. It is in debt honorably, but still it is in debt—nasty, disagreeable debt. Several plans were proposed for raising the wherewithal; all whereof were as promptly voted down, except the one to increase the dues. This stuck, and is a by-law. It is wonderful to us that the society does not see that one of the greatest drawbacks to the success of the society—this and all others—is the fatality with which it and they pander to the college element. This is no new thought on

our part, nor is this a new presentation of it. We referred to it last year in connection with the American Institute. We will make another paragraph of this.

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IF one of these eminent and distinguished Professors who has been sitting at the appointment mahogany year after year, and who laments the indifference of the profession, would emulate Haroun al Rashid for a few meetings, and listen incog. to the murmurs that are heard in the halls and lobbies against the dominance of the Professors in everything that is produced for general consumption, they would soon stop prating of that indifference of the great unprofessorial profession. Why will not the appointing powers see this palpable obstacle to success in enlisting the profession in their work? There is, and not always a latent, but most often a pronounced, antagonism between the profession and the Professors. No one who is conversant with affairs homeopathic will fail to understand it. But if, having eyes, he will not see, then let someone else open that page of the Transactions of our Institute, and of the various State and local societies, and read out to him the lists of officers and chairmen of any or all of these societies, and mark the unanimity with which a certain few, and mainly of the Equestrian order—that is to say, the Professor order—follow themselves or each other year after year in the fat places and appointments.

Why not change this once in a while, just for luck? Is it to be assumed that no one is capable of fathering a bureau, or of presenting a good paper, except members of the High Nobility of Professors? That's what the profession—the remainder of the thousand of Ohio practitioners who are not members of the State Society—question. What do we want to go there for? Professor Bummelgasser will be in charge of Surgery or Gynecology or Materia Medica, and he will be assisted by a half-dozen of his loving disciples, either in his college or in close and loving touch therewith. "As I had to listen to Professor Bummelgasser for three years, I don't care to pay three dollars a year and railway and hotel expenses, and lose my practice besides, to see him glorify himself still more. It seems to me he gets advertisement enough out

of his Professorship, so that he might leave the State and a few other positions alone. No, thank you; I would rather stay at home, read the journals (where I will be sure to find the professor's paper, or I will get it in reprint for nothing shortly), and save my time and my money as well as my temper—for it puts me very much out of patience to find everything pre-empted by the privileged class."

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WHY not follow the example of the new president of the Missouri Institute, Dr. Schott, and fill every bureau and every committee with new men and women? A young man may not be able to append two or three pages of bibliography to his paper; but from force of necessity he will bring something from his active daily practice which will interest other practitioners who are not Professors. And the Professors, having long since passed the time when anything could be taught them, would not be worried. In this left-handed slap at the Professors and the frequenters of the bureaus we include ourself, for we have been both Professor—before we had to "resign"—and member of a certain bureau with a good deal of persistency. So that the shoe fits our foot as well as the others. But the truth of the situation is apparent nevertheless, and we print it. Give the young man a chance. Give the woman a chance. Show the great mass of homeopaths of this country, who cannot now be got into the Institute or the State society on the present basis of representation in the chairmanships and bureaus, that you want them in membership for something besides the fee and the opportunity to glorify the Professors and the perennial readers and debaters; and the chances are that some of them will come in and help along the matter of homeopathy. It might not be irrelevant to add in this connection that a good deal of old-fashioned homeopathy would then be brought back into the societies where now by reason of much homeopathic-theology we get nothing but the husks, the faith, and the technique. As societies and Institute we have drifted away from the people. Like the United States Senate, we are become a class of inaccessible office-holders. Let us go back to our constituents, the other

13,000 homeopaths who cannot be got into our societies, and show them that we are after their good; that if they will come with us they shall have representation as well as taxation. And in no other way can this be accomplished.

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AT one of the recent annual sessions of this society Dr. Thos. M. Stewart of Cincinnati, introduced a resolution to the effect that in each bureau the chairman should make a determined effort to keep the homeopathic idea foremost. This homeopathic idea was foremost in this meeting only when considered from the opposite direction. In fact, it was not considered at all. Happily few, if any, students attended the meeting. If they had they would have had some wonderful homeopathic information to carry home with them for the activities of practice. Especially in the pedology bureau. Therefore, in closing:

As to the homeopathicity of this session much might be said, but little will suffice. Only in one case did a reader interpolate into a palpably old-school paper the remark that this was not homeopathic treatment. A blind man, though a fool, could not have failed of seeing the truth of the allegation. But homeopathy is now wide open. So long as we have faith, that ends the matter. Our practice is immaterial. Our duty is to our patient. Anything that will make him feel better is right. We listened to some papers that would have disturbed the equanimity of an allopathic audience. Operations were reported and medicines advocated that were possibly true; but some of the congrayres in the same specialty expressed considerable doubt. There let it rest. We do not hope to change the world, much less the Ohio Homeopathic Medical Society, to our mode of thinking. But yet, oh, Homeopathy, how many fool things are said in thy name!

Ad. Alf. Michaelis, Blankenburg in Thüringen, Germany, has sent us two lectures, one on bryonia and the other on pulsatilla, both written in German and prettily illustrated. The work of writing is well done, and the pamphlets are of great value. Both plants are given in colored plates.

## Materia Medica Miscellany.

Conducted by J. WILFORD ALLEN, M. D., 110 West 12th Street, New York.

References in this department are made by number. See issue of January 1 or December 15 of each year.

### *Matricaria.*

Specific Indications and Uses.—Felter in Eclectic Med. Journal : Nervous irritability, with peevishness, fretfulness, discontent, and impatience ; sudden fits of temper during the catamenial period ; muscular twitching ; morbid sensitiveness to pain ; head sweats easily ; alvine discharges, fetid, greenish, and watery, and of green mucus with curds of milk, or of yellow and white flocculi, associated with flatulence, colic, and excoriation of the anal outlet ; a remedy particularly fitted for the disorders of dentition, and to correct the condition threatening to end in dentition convulsions.

### *Characteristics of Rhus Tox. and Rhododendron.*

Sprague, Omaha, <sup>17</sup> :

"Both remedies have rheumatic pains, especially in all aponeuroses—both are worse at night, and when at rest.

"Rhod.—Pains do not admit of the limbs being at rest ; desire to move, and moving relieves.

"Rhus.—Rest occasions uneasiness in painful parts, but on moving pains are worse. Continued motion only relieves. Pains from over-lifting—over-exertion of joints, etc., or from getting wet while perspiring.

"Rhod.—Acts more upon right side—is worse before rain.

"Rhus.—Acts more upon left side—is worse after rain.

"Rhod.—Has aggravation of pains during night, but more toward morning.

"Rhus.—Has aggravation more toward evening and fore part of night ; corresponds to rheumatism during the cold season.

"Rhod.—Corresponds to warm season—when showers are gathering, patient is made very nervous by electricity in the air."

### *Sciatic Neuralgia.*

Merlin of San Francisco <sup>21</sup> gives indications for the homeopathic remedies as follows :

Aconite.—Indicated in those cases which have been due to exposure, to cold, where the attack has been preceded by a chill, and fever, where the pains are of a sharp, darting, benumbing character, with a sensation as if the limb were going to sleep. Such a case is of a congestive type ; the pains are usually worse at night, and aggravated by movement.

Belladonna.—Great sensitiveness along the course of the nerve ; the least touch, even contact with the clothing, causes intense pain ; he has to change position frequently ; worse at night ; tries to sleep, but cannot ; relieved by warmth, better when the limb is perspiring.

Bryonia.—Worse by slightest motion ; relieved by lying on the painful side ; pains sharp and cutting in character. In long-continued cases there is a wasting of the limb.

Colocynthis.—Sharp, shooting, lancinating pains in the sacral region, extending from the hip to the knee, and the knee to the heel, worse at night ; pain constant, with severe paroxysms ; the limb feels numb, with the pain worse from cold or motion, better from warmth and rest ; in this respect it is similar to bryonia.

Ferrum.—Violent pains at night which compel the patient to get out of bed and walk about ; at first he can hardly put his foot to the floor, but while walking the pain lessens and there is a stiffness and heaviness in the legs, and swelling of the feet ; general anæmia and emaciation ; loss of appetite and great weakness.

Ledum.—Pain shoots from the foot upward, with a sensation of contraction of the muscles : the limb is much cooler than the remainder of the body ; extreme tenderness of the soles of the feet.

Magnesia Phosphorica.—Inability to lie in bed at night ; must stand all the time ; pain comes in paroxysms of violent, lightning-like shocks.

### *Thuja.*

Mather, Birmingham, Mich., <sup>15</sup> :

Experiments have proven thuja to be slightly anodyne, stimulant, antiseptic, alterative, astringent, also tannic, having its principal action on the skin, mucous membranes, and generative organs.

You will see from the above that thuja will be



useful in many cutaneous affections, particularly in eczema—more especially in the dry variety. Now, in pruritis, whether anal or vulvar, when accompanied by fissures of the skin, it will be found very useful and curative. And you will not be disappointed by its use in epithelioma of the face, and on warts, tumors, and excrescences. For chapped and rough hands, so troublesome in the fall and spring of the year. It will be found very valuable in all mucous patches or ulcerations of the throat, whether syphilitic or diphtheritic. Thuja will be found useful in nasal, vaginal, rectal, urethral, or bladder irritations; in trachoma and conjunctivitis it will remove the granulations and subdue the inflammations.

You may at some time have a patient present himself with balanitis or abrasions or excoriations on the head of the penis, or around the corona glandis. Make a few applications of thuja; it will greatly relieve him and please you. You will find in soft chancres a mass of ointment of thuja will be sufficient. Now, in catarrhal ulcerations of the uterine neck a teaspoon of thuja and a little glycerin will rapidly cure.

Thuja, if given internally in proper doses, arrests passive hemorrhages, and it will cure enuresis of children and check the dribbling of the aged when not of parietic origin. It's the remedy in vesical irritation; especially in aged women, in amenorrhea from pelvic atony, it must not be forgotten. In anal fissures and prolapsed rectum of children, either applied locally or used with the hypodermic syringe, a cure may be anticipated.

Thuja can be relied on in all diseases of bad blood, with warty excrescences or ulcerations showing promises of papella, either of cutaneous or mucous surfaces. Thuja has been used in malaria, rheumatism, and worms.

Thuja should be thought of in leucorrhœa and gonorrhea and all discharges of the mucous surfaces.

To obtain the full benefits in its use much depends on the mode of its administration. It should be given in small doses, frequently repeated, and its effects of course closely watched.

As a local application it can be used diluted

one to four parts, or one to two, or equal parts. I frequently use it in full strength.

### *Strophanthus.*

Roland T. White, M. D., in Eclectic Medical Journal, thus concludes an article on this drug:

"We find the greatest sphere of clinical usefulness for strophanthus in the acute and functional disturbances of the heart, although it will prove often of great service in organic diseases. As arnica represents the panacea for bruised, tired, and exhausted muscular tissues, so strophanthus will soothe and quiet a congested heart which is laboring and embarrassed by unusual strain put upon it; palpitation; irregularity, with pale face; anxiety and faintness in athletes and wheelmen, with dull, distressing pain in the precordial region. Violent exertion, such as mountain climbing, running, etc., causing painful throbbing, dyspnoea, with cyanosis and anxiety. Precordial pain long after the acute symptoms have passed away, the systolic beat remaining accentuated. Certain embarrassment symptomatic of circulatory disturbances during climacteric period, with aching through hips and extensor muscles of thighs, are promptly relieved by strophanthus. We find it more commonly useful among those active, energetic types of nervo-sanguine temperament, who have more energy and ambition than muscle, and are constantly exhausting and over-taxing the physical powers. Exaggerated cardiac action in these cases, with the concomitant train of conditions, can usually be controlled by strophanthus more kindly than by any other cardiac remedy. Dyspnoea and œdema are markedly ameliorated in chronic cardiac degeneration. The œdema of acute and chronic nephritis, in the earlier stages, is frequently benefited through the diuretic action of the drug, but later it does not have the prompt and decided effect which marks the exhibition of digitalis in these cases."

### *Badiaga in Bubonic Infection.*

Dr. J. D. Graybill says<sup>17</sup> that from his observations of the action of badiaga upon the glands, he believes it will prove as efficacious in bubonic plague as crotalus does in yellow fever. He has had a great deal of experience with badiaga, and can vouch for all that Hale says in

favor of it in his "New Remedies." For inguinal buboes the second or third dilution, with a local application of the tincture, will cure the worse cases in a week.

### *Mezereum in Skin Diseases.*

The editor of the Medical Visitor says :

"If there has ever been a strong tendency to routine prescribing in ye editor's work it has been in the use of mezereum in eczema. Its action upon the skin is marvelous, and when applied locally occasions vesicles which after a time discharge copiously a watery fluid. When taken internally it produces uncontrollable itching which is sometimes quite unbearable. As a counter-irritant it can be used as a substitute for cantharis. It is a deep-acting remedy, its serious effects lasting in some cases for a period of a month. It has proved curative in all papular, vesicular, and pustular eruptions, particularly when the itching at night is intolerable. The patient wishes to scratch even after the surface is raw. It is often overlooked in the physician's work, and mercury prescribed when mezereum would cure.



### *OUR MOTHERS AND BABIES—WHAT SHALL WE DO WITH THEM?*

By A. JEROME ROBBINS, M. D., Mayville, N. Y.

WHAT shall we do with our mothers and babies this summer? Where will we send them? These questions occur to every physician in our cities, and many rural districts as well, in the South at this season of the year. The writer himself has been perplexed, when practicing in one of our largest cities, to answer these questions intelligently. The matters of diet, climate, competent physicians, suitable accommodations, and entertainment are all to be considered. Fathers are interested in the proper answer to these questions, mothers are interested, children are interested, friends are interested, and the physician must be.

The usual reply made to such persons upon inquiry is, "Get out of the city," or "Go North," if it comes from the rural districts of the South. But the inquirer wants more than this. He must be advised where to go and why.

The seaside has proven not to be a good place for young children, as a rule. The humidity along with the low level is quite too enervating, to say nothing of the overcrowding and the consequent trouble in securing a first-class milk supply, which is so essential to the subjects of these remarks.

The mountains! Ah! here is the place. Fresh air in abundance, fresh milk of superior quality, fresh eggs, and fried chickens.

But for those adults who are not robust, and for infants, the sudden changes are too severe. The day may be very hot, yet within thirty minutes the air is so cold that all the clothing that can be put on will not stop the chill, pneumonia, or cholera infantum that has already been ushered in.

I have never seen any statistics comparing the number of cases of cholera infantum in different regions, but aside from the cities I believe that dread disease is more prevalent in our mountain climates than anywhere else.

Then we must turn to our rural districts, with their abundant supplies of everything that is good to eat. But the meager accommodations, with an utter lack of entertainment and instruction, make these retreats, with few exceptions, not desirable, to say nothing of delays in securing a physician in case one is needed.

Where, then, shall we turn? There seems nowhere that is safe and at the same time enjoyable.

Yes, there is *one place*, sought out by the writer for the benefit of his own wife and little one, which combines all the advantages of all the others, with none of the disadvantages of any of them. It is the region around the upper end of "Lake Chautauqua," in the famous "Western New York Dairy Region." This section hardly knows what summer is; has an altitude of from 1350 feet to 1500 feet above sea-level; thus giving an abundance of fresh air without that sudden drop in temperature that a mountain region has.

The milk is the finest I have ever found on the market. The water supply in places is clear as crystal, and all around here far above the average in purity.

In this vicinity we have Mayville at the

extreme head of the lake, with two railroads, electric lights, city water of the finest quality, and prospects of natural gas ; Hartfield, a small village on one railroad ; Point Chautauqua, started as a second or rival Chautauqua, but now abandoned to a summer resort alone ; Lighthouse Point, a new and coming favorite, halfway between Mayville and Chautauqua.

Then comes Chautauqua. Can I say aught of this already world-renowned place ? In regard to its management, its objects, its varied fields of instruction, its platform lectures and concerts, its high moral tone, I can add nothing. There is only one Chautauqua, and that is Chautauqua.

But as a place for our mothers and babies, perhaps I can enlighten my brothers who have never been here, or who have come and only made a superficial observation. It is a quiet place, yet at the same time there is plenty going on. There are no street or railroad cars to run over children, the railroad stopping outside the gate. The water at the edge of the lake is shallow, making splendid wading without danger of drowning. The milk supplied here, if obtained from the stand, is, as all about here, above reproach. Accommodations here are reasonable when taken in connection with the season programme.

This section also furnishes many beautiful drives to interesting points in natural scenery, such as caves, rocks almost mountain high, and canyons approaching in miniature the beauties of the Rockies, and the lake is swarming with floating craft of every size and manner of propulsion.

As for physicians, we have allopathic, hydro-pathic, eclectic, and last, but not least, except in dose, ye homeopathic. Many come here and have minor ills and defects corrected who cannot when at home stop sufficiently long from their daily duties, or the functions of society, to have them corrected there.

Some major operations have been performed here also ; but we have no desire to recommend this place as a hospital, or even a health resort. But taking everything as it is, I know of no place superior to this section in climate, food supply, and entertainment for our mothers and babies.

## MATERIA MEDICA QUESTIONS.

By E. FORNIAS, M. D., Philadelphia.

Give the sore mouth of mercury viv.

Gums painful to touch, spongy, receding from teeth. When there is profuse salivation and the tongue is swollen, flabby, and takes imprint of teeth. Saliva fetid or tastes coppery. Aphthæ.

Give the use of natrum sulph. in sycosis.

Sycosis, pain in hips, worse at night, compelling change of position. Especially ailments of damp houses (aranea), or wet part of country. Tendency to formation of felons or panaritium.

Give the hectic fever of nitric acid.

Hectic and irritative fevers ; flushes of heat with sweaty hands ; hands and feet burn. Copious night-sweats. Sweats easily. Palpitation from least exertion. Consumption ; loose bowels in morning, offensive, slimy. In dark-complexioned and old people. Dark yellow about eyes, with red cheeks.

Give the action of zinc on the spine.

Burning along the spine, worse sitting. Backache worse sitting than when moving about. Paralysis from softening of the brain, from suppressed foot-sweat by getting wet (rhus), and accompanied by tremor, numbness, and formication, worse from rubbing, worse from wine (rhod.).

Give the use of nux vom. in sexual excess and backache.

Ill-effects of sexual excesses and early masturbation. Imperfect erections, too short, with weakness of legs. (Forms here a group with sulph., calc., lycop., and selenium.) Backache in lumbar region, with hemorrhoids, worse after a spree.

Give the action of graphites on inflamed parts.

Inflamed parts crack easily and exude a gluey discharge. Eyelids thicken along the edges, at inner canthi, with tendency to crack and bleed. Eruptions in the bends of the joints. Intertrigo, raw, sticky, glutinous. Eruptions behind the ears, cracking and forming scabs, with soreness.

Give the inflammatory symptoms of hepar.

Parts extremely sensitive to touch ; feels sore,



as if a boil. The pains are sticking, stabbing, and throbbing, worse by exposure to cold. Marked soreness. Inflammation, with plastic exudation.

Give indications of *abies nig.*, *pix liquida*, and *terebinth*.

*Abies nigra* has a feeling of a hard-boiled egg in the throat or cardiac end of stomach. *Pix liquida*, pain at third left costal cartilage. *Muco-purulent*, offensive discharge. *Terebinth* in all troubles with urinary symptoms. Urine dark and smoky.



# RULES OF BRAIN ANATOMY—REVISED.

By WM. C. KRAUSS, M. D., Buffalo, N. Y.,  
in *Buffalo Medical Journal*.

RULE OF TWO.	{	Nerve centers:	
		1. Encephalon. 2. Myelon.	
	{	Encephalon:	
		1. Cerebrum. 2. Cerebellum.	
	{	Hemispheres:	
		Cerebrum } 1. Right. 2. Left. Cerebellum } Myelon }	
	{	Fissures:	
		1. Longitudinal. 2. Transverse.	
	{	Dura-folds:	
		1. Falk. 2. Tentorium.	
	{	Brain-matter:	
		1. White. 2. Gray.	
	{	Membranes:	
		1. Dura. 2. Arachnoid. 3. Pia.	
	{	Hemispherical fissures:	
		1. Sylvian. 2. Central (Rolandic). 3. Parieto-occipital.	
	{	Convolutions:	
		1. Frontal { 1. First or Super. 2. Second Medi. 3. Third Sub.	
	{	Lobes { 2. Temporal { 1. First or Super. 2. Second Medi. 3. Third Sub.	
		3. Occipital { 1. First or Super. 2. Second Medi. 3. Third Sub.	
	{	Commissures:	
		1. Pre. 2. Medi. 3. Post.	
	{	Basal ganglia, pairs:	
		1. Striata. 2. Thalami. 3. Quadrigemina.	
	{	Cerebellum:	
		1. Right Hemisphere. 2. Left Hemisphere. 3. Vermis.	
	{	Cerebellar peduncles, pairs:	
		1. Pre. 2. Medi. 3. Post.	
	{	Cerebellar cortex-layers:	
		1. Granular. 2. Purkinje's. 3. Molecular.	
	{	Cranial nerves, pairs:	
		W-i-l-l-i-s plus 3 = 9 S-o-m-m-e-r-i-n-g plus 3 = 12	
	{	Hemispherical lobes:	
		Visible: 1. Frontal. 2. Parietal. 3. Temporal. 4. Occipital. Invisible: 5. Insula.	
	{	Ventricles:	
		Visible: 1. First. 2. Second. 3. Third. 4. Fourth. Invisible: 5. Fifth (pseudo-ventricle).	
	{	Cerebellar cortex-layers:	
		1. Molecular. 2. Small pyramidal cells. 3. Large pyramidal cells. 4. Polymorphic cells. 5. White matter.	

## UNDER THE GREEN STAMP.

IT goes almost without saying that a cause which is not worth a written or a typewritten letter is not worth a great deal of effort to assist in its prospering. That has been one of the cheap causes of the failure up to a certain date of the Finance Committee of the Hahnemann Monument Fund. No one pays any attention to a green-stamp circular. It is less, infinitely less, in importance and value than a postal. A postal card is used in a hurry and when *en route* or for some distinctly public business. But a green-stamp circular, especially when it solicits money, is an anomaly, and ought to be put, as it invariably is, in the waste-basket. The way to reach the pocketbook of a busy doctor is to go after him. You will never reach him with a green stamp. That is one of the modern ideas of some committees: to sit in the office, mail a couple of thousand of "red-hot" circulars, under a green stamp; and after a while a second circular with the same stamp is sent after the first, with the same negative effect as to bringing in money. The committee resorting to the green-stamp racket is quite capable of passing a hatful of perfervid resolutions, then adjourning, and making a long report. And great is the advertisement of the resolution maker and the green-stamp user! Meanwhile Shelton in New York, and a half-dozen others elsewhere, are at work talking and laboring with the different homeopathic societies and gathering in the sheaves. Some of these people, too, be it known, head their lists with a substantial subscription, thus lending color to the earnestness of their endeavors. The Hahnemann Monument will never be put in place with a green stamp.



## THE ANN ARBOR PRACTITIONERS' COURSE.

IT was our pleasure to have been one of the lecturers in this course just closed and to have been made recipient of the honors from the faculty and visitors who attended our talks. During these lectures there were from sixty to seventy-five doctors present: and we learn from other sources that this same ratio continued through the course. The weather throughout was most charming. Drs. J. M. Lee and J. C.

Nottingham were the other two "foreign" physicians who assisted the faculty in the course. Dr. Lee did a number of fine operations in his usual rapid and thorough manner, one of these being for ectopic pregnancy. Drs. Copeland, Kinyon, and LeSeure performed a number of specialty operations. Drs. Dewey and Hinsdale were busy both in the lecture-room and clinical amphitheater and also with the preparations for the comfort of the visitors and guests. Dr. Polglaze gave lantern-slide lectures on certain neurotic affections. Dr. Long also took his part well. In short, there was the completest harmony and interworking of the faculty with the visiting operators and lecturers. The class declared itself well pleased and satisfied with the result of the course; and it is easy to predict that this innovation will become a fixture for all future time, so long, at least, as the present faculty is in charge—and their popularity precludes any thought of a break in the continuity of their labors.

We had the pleasure of visiting the hospital and examining the methods obtaining there for properly caring for the homeopathic patients. It was perfect in every relation. A visit to the rapidly upbuilding building of the new homeopathic hospital showed it now being roofed and soon ready for occupation. Here Professor Dewey proposes to raise garden "sass" (homeopathic flowers) and show the class how to use it in homeopathic medicine.

A visit to the university library in company with Professor Dewey showed an array of homeopathic books and pamphlets numbering 1200 and more. This is in pleasant and significant contrast with the fifty books, mainly Transactions, which were here when the present faculty took hold! When it is remembered that the university has always had a library committee with a fund for the purchase of books, and that its non-use turned that fund into a paving fund, it will be understood that some of the former faculties were not excessively enthusiastic in the building-up of the homeopathic library. We saw a number of rare journals and books on these shelves which were put there by the indefatigable Dewey, who has been scouring the land over for missing numbers of journals and forgotten books and pamphlets. The school itself has had a

prosperous year, and will give a good account of itself when the graduation exercises take place. Success to them! And, above all, thanks for one homeopathic faculty which is not in a quarrel.



#### THE AMERICAN INSTITUTE OF HOMEOPATHY.—COMMITTEE ON LIFE-INSURANCE COMPANIES, 1900.

*Dear Doctor:* The question of how to secure for our school of medicine the recognition that justice demands should be ours from the life-insurance companies has puzzled the minds of several committees. Much has been accomplished in the past, as the published reports of the committees show, but greater results must be secured before we occupy the position that justly belongs to us.

The present committee has gone carefully over the ground, and would offer these suggestions, trusting that they may receive the hearty approval of the profession.

We would suggest that each of our medical colleges, during the senior year, give a short series of lectures on life-insurance expectancy, and the duties and responsibilities of the medical examiner for life-insurance.

There are a number of homeopaths who are now examiners for life-insurance companies; we would suggest that it would be well for them to let the fact be known through our national directories, because life-insurance companies frequently consult these directories as guides in making up their lists of examiners. It would also be well for our physicians who are willing or desirous to do this class of work to express their desires not only to the companies and their agents, but also to their patients, and at the same time to establish the fact, by pointing to the course of study adopted by our colleges, and the well-known carefulness of the members of our school in studying their cases, that we as homeopathic physicians are as competent in every way to become life-insurance examiners as any other class of physicians.

The honor of our school is somewhat in the balance in this question, for the fact that we do not receive the appointments that we should, or a just share of the work where appointments are

made, casts a shadow upon our ability. The committee fears that our physicians have not been as enthusiastic in pressing their claims as might be desirable, and would request that all who desire appointments would make it known to the companies; then let each physician constitute himself a committee of one in his own locality to educate the homeopathic clientele to seek examination by homeopaths when contemplating life-insurance.

If any physician has made application to any company to become an examiner and has been denied, or has not had any work to do, this committee would be glad to know the facts in the case.

Yours fraternally,

ALFRED W. BAILY,  
A. L. BLACKWOOD,  
V. H. HALLMAN,  
O. S. WOOD,  
C. W. ROBERTS,  
H. H. LEAVITT,

*Committee on Life-Insurance Companies.*



### THE DENVER TROUBLE.

THE newspapers sent to us from Denver disclose a painful condition of things-homeopathic in that Queen City of the West. Why will these different cities engage in such unseemly performances as fighting among themselves in the homeopathic colleges and hospitals? Why not take pattern by Cleveland, and note how good and how pleasant it is for brethren to dwell together in unity? We haven't had any trouble in Cleveland since—what's that—a telephone call? All right; will see what is wanted. Later. As we were saying, it is very unseemly for homeopathic brethren to scratch out each other's eyes. It is to be said that the Denver brethren have managed to keep their dirty linen well in the background and only lately, at a public meeting of the opposing forces, was there any clatter or clamor made, drawing the attention of the outside profession to their fracas. Just how the matter all originated is not disclosed. That is to say, both sides have their grievances and are both equally lusty in proclaiming them. But any Uitlander

sitting on the ruins of London bridge could easily tell the causes which precipitated the disaster. It is always One Man who tries to run things with a high and mighty hand—and both feet. From time almost immemorial Denver and its school and hospital have been associated with Smythe and Anderson and Strickler and Kehr and a half-dozen others. So, that, when these familiar names disappeared from the college roster, and, later, also vanished from the hospital staff, it is easy to understand, although they made no public complaint, that homeopathy had received a black eye and that someone with more politics than homeopathy or love of harmony was doing dirty work. We know nothing of Dr. Wheeler, who seems to be the head of the opposition. For aught we know he is a gentleman and a good practitioner. We judge, however, from the daily press which contains his own story, word for word, that he must have been a little too arbitrary, and thus aroused concerted opposition and fell victim to some of the very schemes he set in motion to keep himself in power. It is always a pity when recognized names in homeopathy are turned down. It hurts the profession first, and the laity next and most severely. The One Man we have with us always. If he isn't watched he will try to be Boss. He will fill the meeting some off-night with a lot of carpet-knight professors, mostly of his creation, and on that night do some bit of nasty work, yet under the umbrageous encompassing-about of a technical obedience of the law, which will cause that school or that hospital more trouble than a half-dozen years of remorse can undo. Some men are born to be disorganizers. They take to that as naturally as ducks to water. As soon as they feel their feet safe and strong upon the new ground they will begin their machinations. And a man, or a half-dozen of them, who have engaged in the thankless task of professing and are artless and unsuspecting, suddenly find themselves on the outside of the tent. The One Woman whom we frequently brought into our former editorials was a Victim; but the One Man is a Devil! And he will be with us always. The present condition of affairs-homeopathic in Denver seems to be that Dr. Wheeler and his friends are out, and the old,



well-known forces are again in the saddle. Let Peace and Homeopathy prevail!



### THE WORM TURNED.

IT takes a great deal of courage in these days of many-syllabled names of newly discovered conditions to record the simple tale of a tapeworm. And yet the story is not without its tragedy, for the pumpkin seed, with all its traditions, has fallen from grace.

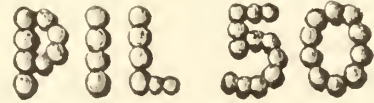
Mr. X., who was the host of this particular worm, is an aristocrat. He is also a poet. In a moment of patriotism he enlisted in the army and went to the Philippines. He was there nearly two years, subject to the environments of tropical life. He ate ill-cooked meat and drank suspicious water. It was not until some time after his return to America that he noticed segments of "something" in the bowel movement. We suspected a tapeworm. Now, I do not think his guest ever caused him any moment of physical distress. But it offended his artistic sense. In vain he buried himself in Terence and Plautus and formulated new laws of scansion. Tapeworms and poetry, wriggling segments and peace of mind, were absolutely incompatible. So one Saturday he began to fast, and that night he took one ounce of decorticated pumpkin seeds made into a four-ounce emulsion. Early the next morning he was given one-half ounce of castor oil and a teaspoonful of ether. Truth compels me to state that there were results, but not the desired one.

The following Saturday we tried again, using this time two ounces of the seeds, followed the next morning by one ounce of castor oil and half an ounce of ether. My patient, after this siege, would have aroused the sympathy of the most stony-hearted. But still no worm. He was in despair. My own position was fast becoming untenable. He had never before been under a homeopath, and he regarded the ill success as a retribution. Lastly we tried the fluid extract of *filiX mas.*, one and one-half drams in two doses one hour apart. The cathartic was taken as usual. I append a letter received from Mr. X next day:

"*Dear Doctor*: It is with pleasure that I report an increase in my family which occurred

at 9.30 this morning; length 30 feet. Mother and child doing well."

Mr. X assured me that it was a vertex presentation, the head coming first, from which I inferred that the worm must have turned.—*F. W., in Med. Advance.*



### A Singular Sudden Death From Vaccination.

The patient, a four-year-old girl, born in this country of German parents, both of whom were healthy, had enjoyed excellent health from birth. At the public school the pupils were vaccinated, and this child was among the number. Two days after the vaccination her arm became erythematous from elbow to shoulder, a roseolous rash appearing here and there. The axillary glands became greatly enlarged; the child had repeated chills, fever, and sweats, and suffered considerably. She passed successfully through the papular and vesicular stages, and on the eighth day (which was the first of the pustular stage) the pock disappeared. On the ninth day the child complained of headache, general malaise, and inability to defecate or urinate. The appetite, which for the past few days had been poor, disappeared entirely. Domestic medicine could not move her bowels or empty the bladder. The scar left by the pock began to redden again, papulæ appeared, and later a vesicle and pustule. The child's face began to grow yellow and to swell slightly. Seventeen days after the vaccination the child began to feel much better; she ate a little, but had had no movement of the bowels for about ten days or so, according to the parents' story. Next day the child had a slight cold, and the following day, at six o'clock in the morning, she had a convulsion, which frightened the parents so much that they called me in. When I arrived at eight, I was informed by the parents that the child was quite well, had eaten some candy, and was playing in the bed. On entering the room I saw a rosy-faced little maid, with playful eyes, but dilated pupils, and as healthy-looking a babe as I have ever seen. Hardly fifteen seconds passed from my entrance, when the child suddenly stiffened, without an outcry or any premonition, and was dead! All restoratives were in vain. I labored hard and earnestly, but the child was gone

beyond all earthly aid.—Edwin J. Clark, M. D., Denver.

[Respectfully and prayerfully referred to Brer W. B. Clarke of Indianapolis; also Dr. M. R. Levenson of Ft. Hamilton, N. Y., on the same principle of the young man who asked his girl how her several relatives were—"not that I care a durn," added he, "but just to make talk."]

### Dead

#### Frank Craft.

Frank Craft, who conducted a grocery on Udell Street, in N. Indianapolis, died yesterday afternoon. He was forty-six years of age and a prominent member of Olive Branch Lodge, No. 2, Knights of Pythias. A widow and two children survive him.

[This is not our funeral, much to the undoubted regret of several of our acquaintances. These things all happen at Indianapolis. It was there *Kraft's Temperentia* was discovered and put into the law's hands.]



## Correspondence.

BOWLING GREEN, KY.

*Editor AMERICAN HOMEOPATHIST:* The appended paper is an editorial clipped from the *Philadelphia Medical Journal*, edited by Dr. George M. Gould. I am sure many of your readers would think it worthy a reprint in the columns of the *AMERICAN HOMEOPATHIST*. For my own part, I should be glad to see it copied by every medical journal in the country. By the writing of this editorial Dr. Gould has, in my estimation, covered a multitude of sins committed against homeopathy. I send this to the *AMERICAN HOMEOPATHIST* thinking it right in line with the views expressed in the last issue of that journal on the need for greater cleanliness in published matter in medical journals. Speed the good work!

Sincerely yours,

SARAH J. MILLSOP.

STERCORACEOUS VOMITING.

We have no wish to exaggerate the facts either as to the importance or as to the amount of smut masquerading as wit in some of the lecture-rooms, journals, and in the conversation of

some physicians, but we think all bright and clean men will agree that there is altogether too much of it. We are confident that medical students are fully as free from the vice as any other class of young men, and in their behalf, as well as on the score of professional decency, such a purity should be guarded rather than broken down. But is there a practitioner that does not look back with shame and disgust to the nauseous "story-telling" of some shameless "professor" of his college days? A room full of young chaps will perhaps laugh and applaud—and then go away—at least, the best of them—to loathe the teacher who thoughtlessly debases his office and corrupts his audience. We have known some of the highest officers of a great medical organization who wherever they went left behind the pollution of obscenity and nastiness. We have known a professor of the history of medicine who peppered his lectures with stories erotic and "tommyrotic" that showed how pitiable were his reading of history and his conception of duty. If wit happens occasionally and accidentally to be touched with this diabolism, men of the world will not wince, and may even laugh the more heartily, but he is an ass and a knave who from choice and habit delights in pornographic reek. Surely it is time that we extruded such men from our colleges, our great medical associations, and our meetings, where too often they have monopolized attention, and filled even banquet-rooms with the odor of their putrescence. It would be less degrading, cheaper, and far more amusing to hire an expert—some commercial traveler or vaudeville clown—to do the dirty work for us, if we find pleasure in it, and are incapable of distinguishing between fun and filth. The medical profession as a whole is not of that stamp and should not be thus maligned and misrepresented. Every student in a lecture-room and every member of a medical association has a right to hiss, and when the slimy sexual story or allusion is lugged in he should exercise his right.

*Editor AMERICAN HOMEOPATHIST:* At a joint meeting of the Executive and Monument committees, held at Washington some weeks since, it was thought possible that the Monu-

ment might be dedicated on the 5th of June. Later developments have finally convinced the Monument Committee that it will be impossible for them to have the Monument ready for dedication on that date. On the 20th of April, after a conference between representatives of the Executive and Monument committees, it was decided that the Institute should meet in Washington on June 19, 1900. The Monument Committee expect by that time to have everything in readiness for the dedication of the Monument.

I am very glad to be able to state that the present outlook is for a very large and enthusiastic meeting. Aside from the fact that Washington itself has many and notable attractions for the sightseer, the dedication of the Monument, which will be a most notable and impressive ceremony, will suffice to largely increase the attendance of the Institute meeting.

The sectional programmes are nearly completed. Papers of great practical value and interest will be read by some of our best thinkers and writers, and will be discussed by those especially fitted for such debate. The various committees have their work well in hand, and some well-prepared and well-digested business will be brought before the Institute for its consideration.

Very much has been written about the need of money to complete the Monument, but it may not be amiss to add a word or two to what has been already said. Money is still needed to complete the final payments. It is the plain duty of the profession to meet its honorable obligations, and this sentiment is growing fast. The monument is a veritable creation of genius,—a most magnificent work of art. Its erection will not only honor the founder of the school but all those who have a part in the work. We are under bonds before the world to complete and dedicate this monument next June.

Send what you may be able at once to the chairman of the Monument Committee, Dr. James H. McClelland, cor. Fifth and Wilkins Avenues, Pittsburgh, Pa. While the Institute meets on the 19th of June, it is the present intention to have the monument dedicated on the 21st.

A full programme of the meeting, with all its details, will be found in an annual circular

which will be issued the latter part of May. I am,

Fraternally yours,

E. H. PORTER.

**Erratum.**—Dr. C. S. Estep of Lexington, Ill., writes us that in the article on *sabal serrulata* which he contributed for our April 16th issue the word "reduce" as it appears in print should be "induce." So that in place of saying that *sabal serrulata* would "reduce," it really would "induce," obesity. We gladly make correction and hope all readers of that article will take due notice and govern themselves accordingly. Any homeopathic proofreader would have seen the error: but as homeopathic doctors are not now serving as type-stickers and proofreaders in printing offices, something must be allowed for mistakes. This reminds us to say, further, the opportunity being opportune, that Dr. Nelles' recommendation, as secretary of the Ohio Homeopathic State Society, that all papers presented to the society be required to be put in typewriting, may have seemed a bit arbitrary to the society, but it was a good practical point, and Ohio could well have set the pattern for turning down poorly written papers—poor penmanship and sometimes indifferent spelling—and handing in a clean copy from the types. The price of such copy is a mere bagatelle to any self-respecting author of an important State Society paper, and it insures its correct reproduction in the Transactions. Dr. Estep can now see that such a course would have saved him from much annoyance and also saved his paper from being handicapped for all time, for it is incredible that the correction will ever completely overtake the error. Dr. Estep's paper was an unusually good one, and we regret that it was marred by this misprint.



## Globules.

The Palmar Arch, the progressive medical society of Cleveland, at its next meeting will consider a subject which is put in picture language and when properly guessed and put the one under the other reads Perry-toe-knight-us. This subject will be presented and discussed by Dr. Biggar. This bright and useful society is



doing good work, in that it has at heart the cleansing of medical Augean stables. It is rapidly being recognized as a power to be dreaded by the medical wrongdoer. Long may it flourish !

The Century Company has been giving its readers in the *Century Magazine* some elaborate and well written and illustrated articles on "Popular Illusions about Trusts." Also "The Real Danger of Trusts." Both papers were readable, and the readers have doubtlessly appreciated their value.

A handsome lithograph of Samuel Hahnemann was sent out with the current issue of the *Chironian*. The motto which graces the inscription, "*Redlichen Forschern schlieszt sich die Natur auf*," is translated, and properly, "Nature unveils herself to sincere students." This is written in that awfully studied German for which all of Hahnemann's writings are famous, and because thereof so many translations have been made possible. Our student translates this aphorism above given thus: "To Honest Searchers locks herself the Nature open."

What more appropriate arrangement could be devised by ardent and well-disposed homeopaths than to attend the American Institute at Washington and witness the unveiling of the beautiful Hahnemann Monument, and then ship with us and be present at Paris and again be present at the unveiling of the International Monument to Hahnemann over his actual remains? This will be something to talk about for years; and the memory thereof to hand down to our aftercoming brethren. Verily the Sage of Meissen has not been forgotten in this year of grace ! Renew your youth as homeopaths and your ardor as practitioners by attending both ceremonies. Our party sails from Montreal on July 7. The berths are rapidly being taken. Rates are reasonable and berths and staterooms are first-cabin and outside.

Dr. DeWitt G. Wilcox of Buffalo writes that, seeing some misapprehension exists in the profession touching the true cause of Dr. A. R. Wright's death, he reports that the autopsy as performed by the physicians in St. Joseph's Hospital, Chicago, shows that there was a growth

in the descending colon and sigmoid flexure of a tubercular nature. There was a decided stricture for about four inches, of a caliber not sufficient to admit of a lead pencil. Below this the wall of the intestine was very thin and at this point the Truax bougie, which Dr. Wright was then using, was pushed through the bowel, causing his death.

"**Samuel Hahnemann: Why Build Him a Monument?**" from the pen of our popular Institute President, Charles E. Walton, M. D., is on the table of the profession. There is no call to criticise it. It will not need any. This leaflet ought to be circulated by the thousands among the laity who have profited by Hahnemann's system of cure. If you haven't any copies get some and do a little missionary work and in a first-class cause.

We call attention to the fact that in visiting the American Institute of Homeopathy at Washington no better line can be traveled over than the Pennsylvania System. See their advertisement on another page. This system of lines is always satisfactory whenever and wherever they are entered upon for the beginning or continuance of a journey. The same courtesy and promptness is apparent in all its various departments. If you can do so, use the Pennsylvania Lines for reaching Washington. You will not regret it.

A number of excellent homeopathic books have collected upon our review table and will have good notices as rapidly as they can be reached. It is well-known to authors and publishers that we never slight a book with a mere reference to its receipt, the handsome binding, and the clear type. We try to be honest in our review notice. And these volumes will soon appear thus reviewed and discussed. We will say that principal among these good books is the one by our friend Anshutz, which we recommend in advance of any extended notice.

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#### The American Homeopathist.

ISSUED TWICE A MONTH. This journal is published for its subscribers only, and has no free list. Sample copies are never sent. Subscriptions are not discontinued until so ordered.

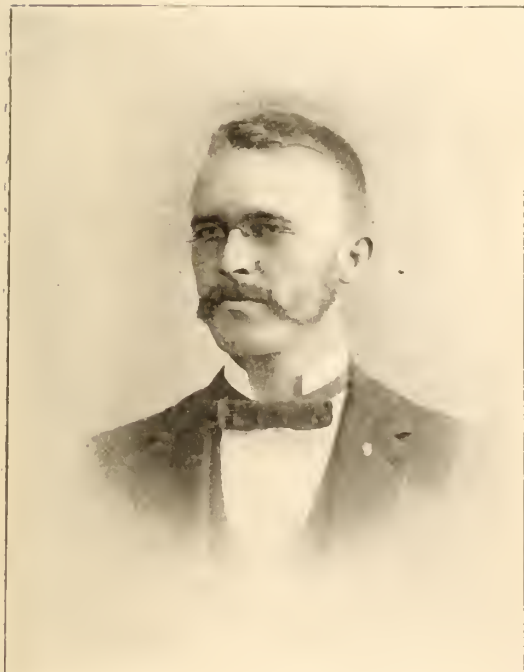
A. L. CHATTERTON & CO., Publishers.

# The American Homeopathist.

JUNE 15, 1900.

FRANK KRAFT, M. D., CLEVELAND, OHIO, EDITOR.

## OUR PORTRAITS.



A. CLEMENT SHUTE, M. D.,  
Connellsville, Pa.

## THE INSTITUTE AND WASHINGTON.

THIS is the last call for the Institute. Let us not be niggard of our strength and means in making this a banner year. It means more to the homeopathic profession than any of the more recent meetings. The acknowledgment by our Government of the existence of Homeopathy, in that the Congress has appropriated a goodly sum and voted a prominent place in the Capitol City for our monument, should be deeply engraven upon the heart of every member of our homeopathic profession, it mattering not to what wing or section he may give individual adhesion. Under the reign of

President Walton there will be no hitch in the proper disposition of the important occasion. Dr. Walton is noted for his promptness and clearness of action. And his presiding at the meetings of the Institute and also at the monument unveiling will be a surety that everything will be done and well done. Leave your office for a spell and come on to Washington. The week of absence from your daily grind will not harm you personally nor financially. Patients, while they do not like to have the family physician absent, are not disposed to leave him for someone else when he takes a much-needed vacation. Would the same rule obtained among patients that exists among parishioners! There they raise a handsome little purse and send the worn-out and about-broken-down minister to a trip to the Holy Land. But whatever your speciality, wherever located, however old or young, come to Washington and honor this most important occasion by your presence. It will be something to tell about on your return home, for it will become a newspaper topic. It will be something to refer to with pleasure in your later years when you are preparing to lay off the activities of practice and delight in dwelling upon the past. Come, brother. Come, sister. It will do you good. It will do us all good.



## PROFESSIONAL RESPONSIBILITIES AND CULTURE.

THESE few reflections may not find a parallel in Marcus Aurelius, but they may, notwithstanding, adorn a moral and point a tale. Our experience in providing a pleasant foreign holiday for those of our profession who had been overworked and cared to visit the grave of Hahnemann in Paris, has re-taught us an old and disagreeable lesson. In short, it showed us the unreliability of the medical profession for entering upon or continuing in a contract the fulfilling of whose conditions required the lapsing of some little time. For instance, to make the matter personal (and we are charged

with making our writings always personal), there were a dozen or more physicians of this country, who, after reading the letters written by ourself while in attendance upon the International Homeopathic Congress in 1896, asked to be put upon the list of any future tour for Europe which we might care to undertake. When this soon-to-be exodus to Paris was materializing we reminded them of their requests, and most of them, at the beginning, said they would stay by us; but, one by one, they have fallen away until not one of the original persons who were the main cause of our again taking up the cares of travel, remain. One couldn't go because while stepping out of his buggy he hurt his knee so badly as to render him unable to stand the fatigue of much walking. Another, because one of his life-long and star-patients had developed a dropsy of the heart and had implored his family physician not to desert him at this critical juncture. Another found that one of his best families, which usually went to the seashore each year, had concluded to stay in town, and he couldn't risk losing that family should any member thereof fall ill and call in some heretofore friendly rival. Another found that his mother-in-law had fallen ill of a cancer and might slip off at any moment for parts to him unknown. Another had just put the president of a tramway into a hospital-bed, with appendicitis which he was treating with the Terry Oil treatment; and didn't dare to leave lest some "modern butcher" fall foul of the case and his august patient lose not only the appendix but its owner. Another found that his wife is mortally afraid of the sea, and, indeed, is so squeamish that she cannot ride backwards in a street car without "heaving up Jonah." Another, a woman doctor, decided there would be so much sewing to be done that she concluded not to go, much as she would like to have worshiped at the grave of Hahnemann, "the grandest and noblest of all the great philosophers of the past ages," etc., etc. Several of the original suggesters of this trip were frank enough to say that collections had not been of sufficient dimensions to warrant the trip, hence, etc. And so the list of excuses could be drawn out to rival and surpass in length that of the famous moral law. These we accepted as legitimate excuses, although reminded of the statement made in our presence during the Couch-Loving-Cup meeting, when it was declared that the competition in Buffalo is so great that a surgeon is never sure of his case until he lies upon the table and under the anæsthetic.

As one of its peculiar exigencies we of our profession have never a free moment wholly our own. We are always at the beck and call of whomsoever will, at all hours of the day and

night, like a cheap, underpaid, clean-barbered, carefully brushed, pomade drug-clerk. We dare not leave for a week's holiday, lest a member of some bread-giving family take ill and a rival around the corner step into the case and presently take that whole family from our ledger. Is there any profession or vocation which so completely enslaves its votary as this of Medicine? And yet the portals and porches of our medical schools are thronged annually with young men and women eager to adventure upon this most uncertain sea of finance and success. They are caught, as are so many of the unthinking laity, by the exteriors. There is no doubt of that. Many and many a mediocre practitioner has crowded both elbows into a paying practice with a glib tongue, a languorous mien, a portly carriage, and a two-storied, red-wheeled buggy with a hood like a Salvation Army bonnet. While others, who preferred to be honest and hoped thereby, and solely upon their merits, to win the guerdon of honor and success, have failed of reaching even a medium living, and, in time, fall away entirely from the profession, or in desperation enter upon some branch of it not recognized among gentlemen or ladies. It is a thankless profession. Its rewards are in no sense commensurate with its requirements. We labor night and day to save that which of all things this side of the St. Peter's wicket is esteemed the most precious. And having saved it, we are paid at so much per visit, the same as the ice man and the morning paper!

There is, however, another phase of uncertainty about the profession as it has twice developed in our experience when dealing with a brother of the guild along lines not directly those of the profession of medicine. This last touch of this petty business has but intensified our feeling in the matter until we have adventured to call attention to it editorially. And that is the indifference and heedlessness of so many in our ranks when dealing with another of the same guild. We have been in receipt of nearly a hundred applications asking concerning our proposed European tour, and after having given much of time and labor in the answering, when matters had shaped themselves to necessitate the giving of some substantial answer to the steamship company, hotels, and railways, these correspondents, or many of them, quietly ignored us and our endeavors. Neither letter or prepaid telegrams could elicit a word, and as was known to all these correspondents, we were not in the fortune-making business as tourist agent; merely an ordinary, busy doctor and editor intent upon providing a comfortable holiday for a party of congenial spirits, with every question asked answered by our own hand. Should not these doctors, among them several



women, have exercised a little consideration and shown their breeding and gentleness?

Men and women of this stripe do well to stay at home. It wouldn't be safe to leave even for a few hours such an office or business lest they lose the families which, from one cause and another, continue to cling to them. For if a member of such family fell ill in the absence of the groundhog-case doctor, and a physician—a gentleman—were called in, the contrast would be so glaringly great that the absentee would lose that case, and the entire family, forevermore! Ingratitude had been one of the mortal sins long before Cordelia and Goneril exemplified it in antithesis. But it is intensified and made alkaloidal when practiced upon a member of the same family and coupled with indifference, neglect, and oftentimes downright insolence. It is some consolation to know that most of these medical Smallweed fellows—male and female—are the product of that period in our college history when it required only a fair-sized check, a recitativo knowledge of the bones, of natural labor, and a handful of keynote remedies to be graduated. That day has happily passed in almost all our States. And with its decadence are coming the newer man and the newer woman; the educated man and the educated woman; the gentleman and the lady; who know a courtesy when done them or for them, and who will be considerate of the giver, in whatever walk of life he may be placed.



### MEDICAL SKEPTICISM.\*

By FRANK KRAFT, M. D., Cleveland.

EVERY homeopathic physician knows that after a few years of general practice he finds himself neglecting a goodly number of the bottles he has been carrying in his pocket-case since his graduation; and that presently, when he gets a new pocket-case, he will leave out many of the old bottles and put them in a pigeon-hole of his desk; not throwing them away by any means, but, because of the infrequency of their use, he no longer deems it necessary to carry them about with him in his daily rounds.

Why do we do this? Why have we lost faith in the value of these remedies? For that is what the annual shedding of a bottle or two means, when it is boiled down to a rock basis.

\*Read before Ohio Hom. Med. Soc., at Sandusky, May 9, 1900.

Why are we rapidly treading in the footsteps of the old school, with its avowed indifference and neglect of its therapeutics? Why has it become necessary for so many of our number to resort to the cheap and ready-made specifics of the pharmaceutical drummer who sings his siren song as he darkens our office-door and takes up our valuable time? Why has it become possible for a homeopathic professor in a homeopathic college to publish in a homeopathic magazine his unstinted recommendation of a made-in-Germany monopoly drug, of whose ingredients he knows nothing, as a positive and unfailing cure for chronic gonorrhea?

There are several reasons. I will not refer, except briefly and in passing, to the prevalent craze of many of the schools in shouldering-out the *materia medica* and shouldering-in the specialties. These, necessarily, limit the homeopathic specialist in the choice of his remedies to a slim thin red line which are known for their physiologic rather than their dynamic effect.

But the real reason, in my estimation, or the chief reason, lies in what the French call an embarrassment of riches. We have too many remedies. Some of these are well proved and worthy, and never fail of responding promptly when duly indicated and properly applied. Others are not so well proved, and in a little while, as they fail of rendering us any perceptible assistance, are dropped and forgotten. Secondly (and this grows naturally out of the first reason just given), there is the consequent lack of proper instruction and understanding of all this multitude of remedies. Third, even when sufficiently well understood to pass the student under the wire—afterward, in the rough-and-tumble of general practice, from infrequency of use, they are soon lost or forgotten. And, finally, when the doctor gets marooned in a busy practice, where the routine is sometimes most deadly, he first lacks the time, and later the inclination, to keep brushed up on the infrequent remedies of his former pocket- or buggy-case full of bottles, in this but presaging that period of medical skepticism to which I refer.

I believe it to be one of the fatal defects in our homeopathic teaching that we make ourselves believe that a half-dozen well-conned keynote symptoms of a couple of hundred

remedies will suffice for practice at the bedside or elsewhere. And this, in many of the schools, even to this day, constitutes the sum total of *materia-medica* teaching. I say this in all kindness, for I appreciate the difficulties under which the teacher labors who is given but two hours a week for two sessions out of four wherein to quiz and lecture on two or three hundred remedies. And as *materia medica*, which a few of us still thoughtlessly refer to as the homeopathic and essential part of a homeopathic school, is but one chair in a dozen or more of neutral or but thinly veiled antagonistic ones, what could be expected as a result?

*Materia medica* is dry and uninteresting, unless in the hands of an enthusiastic and living teacher. That does not, however, excuse its poor or lifeless presentation from a wretched, dusty, and time-bitten manuscript without embellishment of any sort whatever. I admit this to be my hobby and that I am like to ride it to death; still, when I look about me and see so many former enthusiastic prescribers and close followers of the law falling by the wayside, it give me courage to make further effort to point out the cause of the palpable skepticism which is steadily and deadlily creeping into our ranks, and hope to enlist a reform.

There does not to me seem to be any good reason why the teaching and study of *materia medica* should not and could not be made attractive. I believe that my good friend Dr. Dewey has hit upon a novel plan—that of planting the flowers of our *materia medica* in the garden of his new homeopathic hospital at Ann Arbor, and there, emulating the old sages and philosophers who took their pupils into the groves to teach them, show them the flower and the while discoursing upon its beauty, its value, and its practical use; so that after a little season of this manner of “personally conducted” *materia-medica* teaching something will take hold on the memory which a future rush of work, and the palsyng tiredness of an eighteen-hour day's work cannot ever wholly dislodge or rub out. Memory is much a matter of habit; and habit becomes second nature. We are summoned to the sick. We stand in his presence; and while questioning and examining and observing, the remedy suitable to the case

in hand shapes itself in our mind, and that we give. We sometimes call it intuition. It is not so. Yet if at that moment we were put before the little *Vehm-Gericht* of the medical college and required to give all the symptoms upon which we had prescribed that remedy but now in “a half-glass of water, please,” we would fall far, very far indeed, below the graduation mark. Habit has taken the place of conscious memory. But this habit comes only after long and careful drilling of the memory and from painstaking practical application.

If, now, for instance, the student were given a thorough drilling, say, on twelve remedies, then on thirty, then on fifty, until he understood each group in its entirety,—which is only another way of speaking of the totality of symptoms,—he would not soon lose his faith, nor resort to the cruder and grosser measures and methods which vary the symptoms but do not always cure. But look at our *materia medica* to-day. How many of us use *wyetha*, or *fagopyrum*, or *manicella*, or *japorandi*, or *jatropha*, or *gratiola*, or *colostrum*, or *sambucus*, or *mezereum*, or *boletus*, or *angustura*, or *nuphar luteum*, and so on to the end of an almost interminable list? These are in the books and constitute a part of the *materia-medica* lessons. Then there is another list of more familiar but less-frequently used remedies which are also in danger of being thrust out into the utter darkness as time encompasses us about. From all these remedies, as they were read to you from the desk, you plucked here and there a brand from the burning of the professor's manuscript, and that same brand you gave back to him on the “finals,” and still that same single brand you carried to your first case, and because it was but a brand—a hatful of unrelated and almost isolated symptoms—you failed of curing your patient. Then what happened?

After a while you found yourself communing somewhat after this fashion: “I am not so sure about that opium stool as I was when the professor read it off to us as a prime indication for the use of opium; I have lost considerable of my enthusiasm for the *bryonia* painfulness, for I have seen him very restless; and I am at sea to explain how that a clear *nux-vomica* bowel symptom did not give way to *nux*. I have tried

them all and failed. I will not attempt it again. I must use something better and stronger, else am I undone with my patients." Then follows the casting out of bottles and the shrinking of the pocket-case.

Materia medica, which in this paper includes homeopathic practice, is deserving of a place all by itself, where it can be exemplified, and taught, and made a living thing. So long, however, as it forms but a small part of the medical curriculum, and is only studied for the purpose, latent or avowed, of "passing," just so long there is danger of the student in time falling away from homeopathy and reaching out and reveling in the flesh-pots of the enemy.

What we need to-day, and indeed must have, is a revision not so much of materia medica as of its teaching. It must be properly taught with an eye singled to its instant and practical use. There should be fewer remedies taught from the desk, and these selected ones so well and persistently taught that they will stand out like a pillar of fire by night to encourage the harassed and troubled homeopath as he flounders in the slough of over-many remedies, and fearsomely wonders which of the five hundred or more keynotes, locked up in his note-book on the top of a dusty shelf of his library, eight miles away, is the proper key to unlock this present case. Further, we need, every man and woman of us, to set aside every day of our lives, as did Hering, an hour, more or less, in which to browse in our materia medica and thus keep ourselves bright and ready. The surgeon does this before he touches an intricate case. The lawyer does this before he enters upon the uncertain sea of the law. The minister never lays down his Bible until he lays down life itself. Why should we throw down our text-books upon leaving the hard benches in the alma mater and essay to practice on half-knowledge gathered at the schools?

Let us, therefore, as teachers, and as conscientious practitioners, select twelve, and thirty, and fifty remedies, and study and work with them each day; study them in their entirety until they become flesh of our flesh and bone of our bone. Let us lay aside those silly, childish, catch-as-catch-can notes we caught from the professor's droning manuscript years ago, and

turn at once to the fountain-head for our sweet draft of the living water. College knowledge is the showing and instruction in the use of the tools of our profession. The practice of medicine, as we have all learned, is vastly different from a mere routine knowledge of the tools. If we will go to our books, if we will concentrate our teaching and our study to the thing essential, and touch but lightly those things but barely essential and ignore severely the speculative and hypothetical, there will soon come to us again the fierce fire of our youth, the ardor of enthusiasm, and the faith that maketh whole. And the temptation to reach out for the forbidden fruit in the other orchard will, little by little, fade out of sight and out of memory.



#### MALADIES OF THE NERVOUS SYSTEM.

A PAPER by Dr. Savage, in a newly established London journal, is thus commented on by the editor of the *Homeopathic Review*. It is an article of exceptional interest, and we therefore make the following extracts:

The Oxford Dictionary, in defining dissolution, Dr. Savage remarks, quotes the words of Dr. Hughlings Jackson, who said "I have often urged that for the scientific study of maladies of the nervous system we should investigate them as Dissolutions (reversals of Evolution) of this or that portion of the nervous system."

In introducing his subject, Dr. Savage prefers as a definition of dissolution, "Separation into Constituent Parts," or "Destruction of Existing Conditions." "The very power of growth means," he says, "the power of passing from the more into the less definite, passing from the stable into the unstable, from the condition of reaching to few stimuli to that of being able to reach to many and varying excitants. In dissolution we get a reverse process—the passage to simpler states."

Dissolution may be either temporary or that which is the result of normal wear and tear. "We see," he says, "parallelism in the temporary and in the organic dissolution. Thus, a man suffering from drink, which for the time reduces his moral and mental level, has the same symptoms as the general paralytic, in whom



they are the result of progressive brain decay associated with mental dissolution. I say that the condition produced by temporary dissolution resembles that produced by organic dissolution (as in general paralysis of the insane), but there are very marked differences. In studying dissolution one has to remember that each structure varies in its stability, and also in its power of resistance; the degeneration will depend on its character and on the causes of destruction. To put it concisely, there are some, I fear many, minds built on the jerry-builder's lines: they seem all right, but they will not last long. Such degenerate persons come into the world only fit for very light work, and they fall before attaining any power or position in life. It is thus that certain boys and girls reach adolescence, but get no further; their dissolution is progressive, and they pass into what resembles the undeveloped state of the imbecile. There is then the class of dissolution in undeveloped persons, and the symptoms, as might be expected, differ from those found in older patients. Here I would pause for a moment to consider more in detail these cases of so-called adolescent insanity. There are some—I might say many—quite young men and women who have probably come before you all, and who come before me almost daily, who seem to me to be able only to stand what may be called the organic stress of growth, so that such boys and girls, up to a certain time, grow well and give good promise. One man I saw this morning was described as remarkably bright and intelligent in all ways till he was thirteen years of age; then came the incidence of sexual development, and, like many, he was not able to stand the extra stress. Such patients are built on the jerry-builder's lines, for they only withstand a very small amount of extra stress, and then, instead of continuing to develop, pass through a process of dissolution, the individual passing down from the high level to the lower level, only comparable to that of imbecility. Thus you have imbeciles that have developed and imbeciles that are the result of imperfect development. Then there are the cases of alcoholic dissolution, which may be transient, but, on the other hand, may be permanent. In these cases the lines indicated by the temporary defects are generally followed by

the more marked decay. The patient who during his drinking bouts becomes violent and aggressive, with loss of control of language, when he begins to become really and permanently weak as the result of continued excess, is equally violent, aggressive, and regardless of the conventions of his social surroundings. To proceed to some of the symptoms that are met with in dissolution: Remember that the dissolution may be the result of a temporary cause (alcoholism), or of some febrile disorder, such as influenza (one is constantly seeing cases in which the breaking down originated with an attack of influenza). I saw an old lady yesterday, seventy-eight years of age, who was fairly healthy till attacked by influenza, and then she began to dissolve; her mental powers were loosened and began to separate."

Dr. Savage then proceeds to discuss the especially significant and striking indications of dissolution in senility. This he does in a most interesting manner, illustrating them by clinical examples from his extensive field of observation. The first of these symptoms on which he dwells is *restlessness*. "This restlessness," he says, "shows itself in constant movement, in perpetual talking, and in perpetual changes in occupation. I had to see an old lady of nearly eighty a short time ago. The whole family was worried into neurasthenia by the habits of the patient. She required only a few hours' sleep—three or four; before the cock-crow she was up, pulling out one drawer, re-arranging old dresses in another and putting them back again, ringing up the servants, and insisting on the fire being lighted and on having some food. She was downstairs as soon as people were about the house, no sooner down than up, and so on through the whole day—always on the move. These cases are not uncommon; one sees them by the dozen every year. In these patients, as a rule, there is defective memory, and they do not recollect immediately what they have done before. They are restless, both physically and mentally, and totally unable to concentrate their thoughts. You get them to amuse themselves by knitting, but it is put down in five minutes. This is the beginning of dissolution—which may be long in beginning and require some pressure for its development."

Dr. Savage then refers to another symptom, a kind of restless itch or skin irritability, more especially seen in old ladies.

Again, "Another symptom, and a common one, associated with restlessness, is the perpetual talking, graphically, but not euphoniously, described as 'logorrhœa.' There is a perpetual raving away of words, and often these people suffer physically owing to their perpetual talk, talk, talk."

Again, "Another and a rather alarming state is the way in which people not only constantly talk, but resort in an unconventional way to external stimuli. Some time ago I saw a man of distinction, of refinement, and of position, during the stage of dissolution, who, if addressed on the simplest topic—such as the state of the weather—could not even say 'yes' without adding a lot of 'damns' and other forcible expressions: the slightest question started him swearing like a trooper for five minutes. . . All this is merely the expression of some sort of restlessness, an inability to control thought or feeling."

After alluding to the mental instability, the incapacity of some dissolving patients to make up their mind what they ought to do, often associated with constant talking followed by restlessness, Dr. Savage refers to the disorders met with in dissolution associated with the senses. "You get," he says, "incidentally, a failing of the organs of sight, taste, hearing, and smell, and you may frequently see other disorders as well. One old lady I see, who has been on the downward path for two years and a half, and has been deaf as the result of disease, for fifty or sixty years; and you have to yell to get the slightest impression of an understanding from her, and her great complaint is that people are always whispering unkind words about her and saying immoral things. She does not see the absurdity of people not being able to hear with a trumpet who could yet hear whispers. It is rather an important point to remember that in nearly all these cases of mental dissolution you get (1) the defect on one side and (2) the partial consciousness of the defect on the other hand.

"The patient will reason in this way: 'For you it would be foolish to say such and a such thing, but for me I *feel* it.' They cannot reason without feeling, which is much stronger than their

power of reasoning. To refer to some more of these hallucinations, let us take an example of sight. I was asked to see an old gentleman in the north of England some three years ago. He is the possessor of half a million of money, which he has made out of the mines and by iron. He was an old bachelor, and lived a quiet, solitary life near the source of his wealth in a pretty house, and surrounded by valuable pictures and a pleasant garden. With advancing years he began to get weak in mind and memory. He got suspicious, and developed the idea that some burglars might be about to pillage his possessions from his house. Then he saw people moving about, so he got a revolver and fired it out of his bedroom window. It was decided, after a contested inquiry, that he was not fit to manage his own affairs, but that he should not be detained in an asylum if he was under the constant care of friends, attendants, and servants. I was with him the other day, and he told me he knew he saw things which others said did not exist, but still they were real. He asked, for example, if I saw a stream running across the dining-room floor, and on my saying I did not, he said he did, but that, having doubts, he had taken blotting-paper to see if it became wet; it did not, yet he *felt* there was an overflow from the cistern running over the floor. I advised him to try the blotting-paper experiment again. He then took me to the window, and asked if I saw some rabbits. He pointed out what he believed to be a family, with the young ones running in and out of the laurel bushes. I said no such rabbits existed, and asked if he would shoot at them if he had a gun. At once he said 'No'; yet he fully felt they were there. This state of defect had lasted for several years. In another case I saw a shrewd and successful London solicitor, who hesitated about seeing me at first; but afterwards he said he was glad to see a nerve doctor, for he wanted someone sensible to talk to. He asked if I had come through the garden and seen any gypsies. I said 'No' He told his tale, which was that he was pestered by gangs of gypsies, who appeared everywhere. He said he had just come in from chasing them in his garden, for whenever he looked out he saw them pulling up his shrubs. I said, 'But the shrubs are not removed; how do you ac-

count for that?' He said, 'Well, it is hard to tell, but I still feel they do it; and when I wake in the morn I see the same gypsies using my toothbrush, hairbrushes, and comb, and I jump out of bed only to find they have disappeared.' On my reasoning with him, he admitted the absurdity of the whole thing; but yet he said he felt it was true, and he must act upon his belief. This was comparatively innocent; but what might have proved a serious loss followed the persistent hallucination, for before I insisted on his withdrawing from all business he had, on a Bank Holiday, gone to his office to look through his private safe with its thousands of pounds' worth of securities; he got tired, and thought he saw his son in the adjoining office, and told him to put the things away and lock the safe. The son was an hallucination, and only by accident the son discovered the state of affairs before the clerks and others arrived next day."

Hallucinations of smell are referred to as not very uncommon and, in some cases, extremely embarrassing. "One other interesting point in relation to these hallucinations is that a certain number of people, generally those who are either extremely run down or those who are beginning to break down, either from senile or other form of dissolution, are haunted by some hallucinations of taste and smell on waking in the early morning, or an illness like influenza may start awakening impressions. I have recently seen two cases, one in which the individual said, 'I don't know what it is, but when I wake up in the morning the room is full of phantasmagorical faces.' The other said, 'No sooner do I open my eyes than I hear all sorts of noises; I get up to see the cause, and they all go away.'"

One of the most characteristic signs of mental dissolution "is, as you might expect," writes Dr. Savage, "the loosening of the mental unity. We are what we are, bound together by experience, memory, etc. The loss of the highest mental capacity means a separation of parts, so that the individual is no longer able to fit into the conditions to which he had been accustomed." This too is illustrated by a very apposite case.

Passing on to cases in which the results of organic mental dissolution are of a more serious nature, Dr. Savage says: "Now and then one

has come across people who previously have been obliged to profess too much in their professional life. Some of the best examples are seen as the result of a too rigid ecclesiasticism. Such men lose all self-control; their morality becomes no better than their arteries, which are failing. One has to remember that there is a loss of unity and harmony in these individuals, who also appear to lose all power of judging how their conduct appears to others. Not long ago I saw a clergyman who, with advancing years, was losing his powers. At first he had to read his sermons; next he began to neglect his ordinary duties. After a time his wife died, after which he ceased to be punctual in his attendance at church; he became untidy in appearance and dirty in his habits; next he neglected the simplest decencies, and finally became immoral—not in act, but in appearance. Designing people would take him to public-houses; women of bad character would walk about with him. It is very common to meet with neglect of the "conventions," so that many of these patients who have been extremely particular, tidy, methodical, and clean lose all these qualities. One of the most astonishing changes in dissolution that one sees both in men and women is that they cease to be clean. A patient of mine near Birmingham could not be got to wash. He would not have refused or anything removed from his house, which contained a mass of old bones and clothes, vestiges of bread and food, and simply stank. He himself had not washed for months. Something had to be done. He was deaf to persuasion. Finally a sanitary officer was called in, and he soon put matters straight; but the patient passed into a profound state of mental weakness and died."

Another phase in some cases of dissolution of the greatest importance which, as Dr. Savage says, is interesting from several points of view, is the neglect of morality. "Morality," he writes, "depends to a great extent on the power of self-control; and one has repeatedly pointed out that at the two ends of the scale you get open immorality, or the appearance of it. In old age self-control becomes defective and power perverted. One patient of mine was a Scotch retired army officer who had lived a blameless domestic life until he was between



sixty and seventy ; he had a wife and daughters. He came of a nervous and gouty family ; his whole nervous system was beginning to break down, and it manifested itself in utter disregard for the appearance of morality. I believe he was impotent, but nevertheless he was proud of going about with the *demi-monde*, especially if they were of a pronounced type. He seemed to prefer the gaudy ones, and he saw no impropriety in it when I took him to task. He confessed to being very fond of his wife, and always reported to her his progress with these women. The last I heard of him was that he was travelling abroad with a mistress, and was writing daily to his wife affectionate letters saying how *we* were getting on."

After relating the particulars of a similar case occurring in an old gentleman who, in his earlier days, had been a shrewd man of business, Dr. Savage remarks that "cases of this kind are almost of daily occurrence, and nearly always are associated with mental dissolution. A very large number of the marriages of old men are in reality the marriages of men who are beginning to break down and are dying when they marry. It is well to remember, therefore, that these cases of sexual immorality occurring in old men are founded on something more than morality.

"I have had several cases in which the misconduct was clear, and yet it was hard to find any other sign of mental failure. It is in such cases that jury and judge may most cruelly punish one who is irresponsible."

He next makes a series of interesting observations on memory as the gauge of dissolution.

"It is said that we are as weak as our memories. All of us, when we get to fifty or so, are disinclined to believe that ; we rather agree with the French *savant* that 'Knowledge is the art of forgetting': that is my present frame of mind, and a useful one. But progressive loss of memory is a very important symptom. First, though it occurs almost invariably in cases of mental dissolution, it occurs almost as a specialty in some cases where there is no further dissolution. Then there may be progressive decay of mind with comparatively little loss of memory. To take these in detail. Loss of memory is a progressive thing, but loss of detail, loss of separate memory, is the most

important. The first stage is the loss of memory of recent events ; and finally the loss is so pronounced as to forget the old and childish things. I believe that with defect of recent memory there is an increase of 'old' memory ; just as to 'weather' exposes clearly certain things, as the result of weathering, that were not evident before the weathering took place, so I am convinced that some old people remember things which occurred in the long-past days better than those which occurred ten years previously. I remember an old Crimean officer who astonished me (he had a defective memory) by going into the minutest details in reference to his regiment and officers, details of the most trivial nature. At first I thought this but the old man's power of romancing, but on investigating a few of his statements I found them to be true. The question of discovering is important in relation to dissolution. For instance, I have met with several patients who seemed to have gaps in their recent memories, so that they skipped from to-day back many years, and confused the events of the past with those of the present."

Another fact of importance in relation to memory, described by Dr. Savage as a constant occasion of trouble, is "the mixing up of persons so that an individual mistakes a person of the present for one of twenty years ago. Though memory is affected in this way in dissolution, one extraordinary thing is that with progressive brain decay such as met with in general paralysis of the insane, though the disease becomes very bad, there is comparatively little loss of memory, which is out of all proportion greater in old age than in what might be called the more organic disease of the brain—general paralysis of the insane. In certain forms of dissolution you may have destruction of part of the brain, the rest seeming to be left comparatively healthy. As an example : within the last year a gentleman died—I have seen him occasionally for seven or eight years. He was a man of great wealth. He had absolutely no memory from one moment to the next, so that he could be got to repeat the same thing a dozen times in an hour without knowing that he had done the act before. In many other respects the mind was quite right. Now and then one gets an

extraordinary case of temporary or partial dissolution that does not extend far. Such cases are met with most commonly in alcoholics. I was, some little time ago, asked to see a lady who was a so-called dipsomaniac. Her husband was concerned because, after the last outbreak, she had become without memory for recent events. I told him that as soon as she recovered her memory she would want to drink, and that he should be thankful for the loss. To the hour of her death, at seventy-eight, she never asked for drink, having completely lost the desire. This leads up to the interesting point of particular forms of memory and the special defects which may occur in them with age. Doubtless, in dissolution the loss of power begins on the most independent and isolated impression; but it may precede the more simple and organized. Thus, I have met with persons with mental dissolution who seem to have no memory as to their appetite; they would eat and eat till they were sick, and then begin again. . . . The restless, active-minded man is not more likely to break down earlier than the placid, equable man. There is a specialty to break down among those who give up work. Men retire from business to get calm, and they do not get it. This dissolution is comparable to the rusting rather than the wearing out of the machine. It is interesting to remember that certain families have special ways of breaking down. I have known families in whom the first signs occur after they have reached sixty. Many of these people are long-lived, and yet their lives always end with prolonged depression. Melancholia sets in, and the individual becomes hypochondriacal in various ways, the most common having the element of truth in them that they point to the decay which the patient says he *feels*. The insanity rests in the interpretation of the morbid feeling. There are those who show the first sign of decay between seventy and eighty; they begin by being hopeless, which results in fear, and causes malnutrition and further hopelessness.

"Probably the most common interpretation of the morbid feelings of dissolutions is that which refers to poverty and the fear of the workhouse. It occurs more in men and in women who have had to earn their own living, or

have had the responsibility of their own business affairs weighing heavily. Under loss of higher control one has to consider the loss of control of the emotions. As we advance in years we are more easily moved to express our emotions, but we feel them less. A pathetic tale brings the lump in the throat more easily than when we were younger; but it must be remembered that this increase is one of expression, not of feeling. The old man who loses his nearest relations does not suffer in the way a middle-aged man does, and I have found but little difficulty in telling the worst news to very old people. This is a parallel to the sexual emotion in the old, where sexual desire is increased but sexual power decreased. Another exhibition of loss of control is seen in the violent passions which arise from small causes in many old persons: this passion, as in childhood, is allayed by diversion of the interests."

Dr. Savage concludes this deeply interesting lecture on a subject of the greatest importance, not only to the practitioner of medicine, but to the minister of religion, to the moralist and the philanthropist, by making the following summary of his observations:

"In mental dissolution, then, we see various symptoms depending on defect of power; and, as Hughlings Jackson has so often pointed out, with loss of power there is always a letting free of mechanism which has been under the control of the higher parts. So that with loss of power there is always a tendency to over-action on the one hand and defective action on the other.

"Dissolution may be regular in its progress, or it may be irregular in its rate and also in the parts chiefly affected, so that one cannot use any one faculty, such as memory, as a gauge of the depth of the mental dissolution.

"The effects of the dissolution will vary with the age of the individual and with his hereditary disposition. I have pointed out that whereas certain persons seem built to last for very long periods before they break down along their nervous lines, some come into the world predisposed to break down with the first serious strain thrown upon them—and this is commonly the sexual strain.

"Though the word dissolution seems to imply

a hopeless condition, I would wish to impress on you the fact that though most people who live long enough show signs of failure, yet many even of those with marked defects due to dissolution manage, by fresh methods of accommodation, to carry on the life's battle to the end."



### INSTITUTE DATES.

THE first meeting of the American Homeopathic Ophthalmological, Otological, and Laryngological Society of the American Institute of Homeopathy will be held at 3 P. M., Saturday, June 16, at the Hotel Shoreham, and a second session at 8 P. M. On Monday, the 18th, two extra sessions will be held at 9.30 A. M. and 2.30 P. M.; with a final session on Tuesday, the 19th, at 9.30 A. M.

On Monday, the 18th, at 2 P. M., the first session of the New Surgical and Gynecological Society will convene at the Arlington Hotel, and will also hold an evening session at 8 o'clock. On Tuesday, the 19th, at 9.30 A. M. and 2 P. M., further sessions will be held.

At 3 P. M., Tuesday, the 19th, the Institute proper will open with a short business session at the Arlington. The formal opening will be held at the new National Theater the same evening, at 8 o'clock.

Beginning Wednesday morning, the scientific work begins, the sections being seated in the Arlington and Shoreham. The evening will be devoted to monument matters.

Election of officers Thursday morning. At 1 P. M. reception at the White House by President McKinley.

At 5 o'clock there will be the unveiling of the Hahnemann Monument in Scott Circle.

Friday and Saturday business meetings. At 3.30 P. M. of the latter day there will be a jaunt up the Potomac, "ending with a rare entertainment and a general windup."



### THE STATUTES OF OHIO REGULATING THE PRACTICE OF MEDICINE AND SURGERY.

Passed February 27, 1896—House Bill No. 76.  
Amended April 14, 1900—House Bill No. 221.

#### AN ACT

To Regulate the Practice of Medicine in the State of Ohio.

SECTION 1. Be it enacted by the General Assembly of the State of Ohio, That Section 4403, Revised Statutes of Ohio, be amended so as to read as follows:

SEC. 4403. Within thirty days after the passage of this act, the Governor, by and with the

advice and consent of the Senate, shall appoint a State board of medical registration and examination, consisting of seven members, one to serve for one year, one for two years, one for three years, one for four years, one for five years, one for six years, and one for seven years, and the successors of each for the term of seven years, who shall be physicians in good standing in their profession, representation to be given to schools of practice in the State as nearly as possible in proportion to their numerical strength in the State, but no one school to have a majority of the whole board. The board shall organize by electing a president and a treasurer, who shall be members of the board, and a secretary, who shall be a physician in good standing in his profession, each to serve for the term of one year. The treasurer shall give a bond in the sum of ten thousand dollars, with sureties approved by the board, for the faithful discharge of his duties. The secretary shall receive a salary of not exceeding fifteen hundred dollars per annum, to be fixed by the board, and his necessary expenses in performing his official duties. The members of the board shall each receive ten dollars per day for the time actually employed in the discharge of their duties and their necessary expenses while engaged therein. The board shall have a common seal, and shall formulate rules to govern its action. Its president and secretary shall have the power to administer oaths. The board shall meet in Columbus on the first Tuesday of January, April, July, and October of each year, and at such other times as the board may appoint. Five members shall constitute a quorum. The board shall keep a record of all its proceedings, and a register of all applicants for certificates, giving the name and location of the institution granting the applicant the degree of doctor of medicine or surgery, and also whether the applicant was rejected or a certificate granted. The books and register of the board shall be *prima facie* evidence of all matters recorded therein.

It will be noticed that Section 4403*a* and Section 4403*b*, enacted February 15, 1881 (78 O. L. 27), were not amended or repealed by this act, and they are inserted here to give the complete law as it stands in Ohio at the present date.

SEC. 4403*a*. Whoever shall make, issue, or publish, for purpose of sale, barter, or gift, any certificate, diploma, or other writing or document falsely representing the holder or receiver thereof to be a graduate of any medical school, or college, or of any educational institution of medicine whatsoever, and entitled to the powers, privileges, or degrees thereby pretended to be conferred; or whoever shall sell, or otherwise dispose of, or offer to do so, any such diploma, certificate, writing, or document containing the



false representation, aforesaid ; or whoever shall use his name, or permit the same to be used, as a subscriber, for any purpose or in any capacity, to such false and fictitious diploma, certificate, writing, or document aforesaid, upon conviction thereof, shall be subject to the penalty prescribed in section four thousand four hundred and three (b).

SEC. 4403*b*. Whoever shall make, issue, or publish, or cause to be made, issued, or published, for the purpose of sale, barter, or gift, any diploma, certificate, or writing representing the holder thereof to be a graduate of any medical school, or college, or of any educational institution of medicine whatsoever, unless such holder shall have, in fact, attended a complete course of instruction in such school, college, or institution for medical teaching, which course shall be equal to the average course of instructions in other schools, colleges, or institutions, where the various branches of medicine are taught as a science, in good standing in the State of Ohio, upon conviction thereof, shall be fined in any sum not exceeding one thousand dollars, nor less than one hundred dollars, or imprisoned in the penitentiary not more than three years, nor less than one year, or both, at the discretion of the court.

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SECTION 1. That Section 4403*c*, enacted by Section 2, of an act entitled "An act to regulate the practice of medicine in the State of Ohio," passed February 27, 1896, be amended so as to read as follows :

SEC. 4403*c*. No person shall practice medicine, surgery, or midwifery, in any of its branches in the State of Ohio, without first complying with the requirements of this act. All persons authorized and entitled prior to July 1, 1900, to practice medicine, surgery, or midwifery, in the State of Ohio, under and by virtue of the provisions of an act, entitled, "An act to regulate the practice of medicine in the State of Ohio," passed February 27, 1896, to which this act is amendatory, may engage in such practice, and shall be subject to the law regulating the same ; all other persons desiring to engage in such practice in this State shall apply to the State board of medical registration and examination for a certificate, and submit to the examination hereinafter provided, except that all medical students who were on January 1, 1900, matriculated in any medical college in the State of Ohio, recognized by the State board of medical registration and examination of Ohio, and who shall have graduated subsequent to January 1, 1900, and who shall file their diplomas for registration prior to July 1, 1904, shall receive certificates under the provisions of the act of February 27, 1896, to which this act is amendatory. The

applicant shall file with the secretary of the board a written application on a form prescribed by the board, verified by oath, and furnish satisfactory proof that he is more than twenty-one years of age, and is of good moral character. In the application, as a condition of admission to the examination, he shall produce either of the following credentials : a diploma from a reputable college granting the degree A. B., B. S., or equivalent degrees ; a diploma from a normal school, high school, or seminary, legally constituted, issued after four years of study ; a teacher's permanent or life certificate ; a medical student's certificate issued upon examination by any State board ; a student's certificate of examination for admission to the freshman class of a reputable literary or scientific college ; or a certificate of his having passed an examination conducted under the direction of the State board of medical registration and examination by certified examiners, none of whom shall be either directly or indirectly connected with a medical college ; said examination to be held simultaneously in Cincinnati, Cleveland, Columbus, and Toledo, and the questions submitted to be uniform at such places ; and has either received a diploma from some legally chartered medical institution in the United States in good standing at the time of issuing such diploma, as defined by the board ; or a diploma or license approved by the board which has conferred the full right to practice all branches of medicine or surgery in some foreign country. With the application, the applicant shall present his diploma or license, as above defined, and, accompanying the same, shall file his affidavit duly attested, stating that he is the person named in the diploma or license, and is the lawful possessor of the same, and giving his age, residence, the college or colleges at which he obtained his medical education, the time spent in each college, the time spent in the study of medicine, and such other facts as the board may require ; if engaged in the practice of medicine, the applicant shall state the period during which, and the place at which, he has been engaged in the practice of medicine or surgery. If the board shall find that the applicant has obtained any one of the credentials heretofore defined, as a condition of his admission to the examination, and shall find his diploma to be genuine, and from a legally chartered medical institution of the United States in good standing as determined by the board, or shall find the license to be genuine, and such as to confer upon the applicant the full right to practice all branches of medicine or surgery in the foreign country in which he obtained it, and of a standard approved by the board ; and shall find the person named in the diploma or license is the person holding and

presenting the same, and is of good moral character, the board shall admit such applicant to an examination. All examinations shall be conducted under the rules formulated by the board. Each applicant shall be examined in anatomy, physiology, pathology, chemistry, materia medica, and therapeutics, the principles and practice of medicine, surgery, obstetrics, and such other subjects as the board may require. The applicant shall be examined in the materia medica and therapeutics and the principles and practice of medicine of the school of medicine in which he desires to practice, by the member or members of the board representing such school. If an applicant passes an examination satisfactory to the board, and has paid the fee as hereinafter provided, it shall issue its certificate to that effect, signed by its president and secretary, and attested by its seal, which when left with the probate judge for record, as hereinafter required, shall be conclusive evidence that its owner is entitled to practice medicine or surgery in this State. The board may refuse to grant a certificate to any person guilty of fraud in passing the examination, or guilty at any time of felony or gross immorality, or addicted to the liquor or drug habit to such a degree as to render him unfit to practice medicine or surgery; and may, after notice and hearing, revoke a certificate for like cause or causes. An appeal may be taken from the action of the board, refusing to grant or revoking a certificate, for such causes, to the governor and attorney-general, and the decision of these officers, either affirming or overruling the action of the State board, shall be final. An affirmative vote of not less than five members shall be required to authorize the issuance of a certificate. The fee for an examination shall be twenty-five dollars, which shall not be returned in case of a failure to pass such examination, but the applicant may, within a year after such failure, present himself and be examined again without the payment of an additional fee. All fees shall be paid in advance to the treasurer of the board, and by him covered into the State treasury, to the credit of the fund which is hereby appropriated for the use of the State board of medical registration and examination. The compensation and expenses of members and officers of the board, and all expenses proper and necessary, in the opinion of the board, to discharge its duties and enforce the law, shall be paid out of said fund, upon warrant of the auditor of State, issued upon requisition signed by the president and secretary of the board. Provided, that nothing contained in this section shall be construed to compel any person holding or obtaining, prior to July 1, 1900, a certificate from the board, under the act to which this act

is amendatory, entitling such person to practice medicine or surgery in this State, or any medical student who was matriculated on January 1, 1900, in any medical college in the State of Ohio, recognized by the State board of medical registration and examination of Ohio, and who shall have graduated subsequent to January 1, 1900, and who shall have filed his or her diploma for registration prior to July 1, 1904, to file an application and submit to the examination herein required. Provided, further, that the board may, in its discretion, dispense with an examination, in the case of a physician or surgeon duly authorized to practice medicine or surgery in any other State, Territory, or the District of Columbia, who may desire to change his residence to Ohio, and who makes application on a form to be prescribed by the board, accompanied by a fee of fifty dollars, and presents a certificate or license issued after an examination by the medical board of such State, Territory, or the District of Columbia, accorded only to applicants from States, Territories, and districts whose laws demand qualifications of equal grade with those required in Ohio; but such examination shall not be dispensed with unless under the law and regulations of the State, Territory, or the District of Columbia, equal rights and privileges are accorded to physicians and surgeons of Ohio, holding the certificate of the board, who may desire to remove to and practice in such State, Territory, or the District of Columbia.

SEC. 4403*d*. The person receiving a certificate to practice medicine or surgery under Section 4403*c*, shall before entering upon the practice leave his certificate with the probate judge of the county in which he resides, for record. The probate judge shall record the same in a book to be kept for that purpose, and indorse on the margin of the record and on the certificate the time he received the same for record, and make a proper index to all certificates by him recorded. The probate judge shall note in the margin of the record the revocation of a certificate, or any change in the location or death of the owner of a certificate. Upon application the probate judge shall make out a certified copy of any such certificate and the indorsements thereon, and such certified copy shall be *prima facie* evidence of all matters and facts therein contained. Between the first and thirty-first days of December in each year the probate judge shall furnish the secretary of the State board a list of all certificates recorded and in force, and also a list of all certificates which have been revoked, or the owners of which have removed from the county or died during the preceding year.

In case of a change of residence, the owner of a certificate shall have the same recorded

anew by the probate judge of the county into which he removes. For services under this section the probate judge shall receive the following fees: for recording and indexing each certificate, fifty cents, and for certified copies the same fees as are allowed by law for copies and certificates or records kept by the probate judge, to be paid by the holder of the certificate.

SEC. 4403 $\epsilon$ . Every person practicing midwifery in this State at the time of the passage of this act, shall within ninety days thereafter file with the probate judge of the county in which she resides an affidavit duly attested, giving her name, age, residence, the length of time during which, and the place or places at which she has been engaged in said practice, and the special education, if any, which she has received to fit her for such practice. Thereupon, upon payment of a fee of five dollars (fifty cents of which the probate judge shall retain as his own fee, and the balance remit to the treasurer of the State board of registration and examination), the probate judge shall issue a certificate, upon a blank form furnished by the State board, which shall entitle the applicant and holder to practice midwifery in this State. Such certificate shall be recorded by the probate judge, and in case of a transfer of residence, again recorded in the county to which the midwife removes, as provided by Section 4403 $d$ , regulating the record of physicians' certificates. The probate judge shall, annually, between the first and thirty-first days of December, furnish the secretary of the State board a list of all such certificates issued and in force, and also a list of all such certificates which have been revoked or the owners of which have removed from the county or died during the preceding year. All persons desiring, after the passage of this act, to enter upon the practice of midwifery in this State, shall appear before the State board and submit to such examination in midwifery as the board shall require. If the applicant passes a satisfactory examination, the board shall, upon the payment of a fee of ten dollars, issue its certificate to that effect, which when filed with the probate judge for record, as provided in Section 4403 $d$ , shall entitle the owner and holder thereof to practice midwifery in this State. A certificate to practice midwifery may be refused or revoked for the same cause in the same manner as provided in Section 4403 $c$  in the case of certificates to physicians and surgeons. The certificate granted to practice midwifery shall not give the holder the right to perform version, or treat breech or face presentation, or do any obstetric operation requiring instruments, or treat any other abnormal condition, except in emergencies.

SECTION 2. That Section 4403 $f$ , enacted by

Section 2 of an act entitled, "An act to regulate the practice of medicine in the State of Ohio," passed February 27, 1896, be amended so as to read as follows:

SEC. 4403 $f$ . Any person shall be regarded as practicing medicine or surgery or midwifery within the meaning of this act, who shall use the words or letters, "Dr.," "Doctor," "Professor," "M. D.," "M. B.," or any other title, in connection with his name, which in any way represents him as engaged in the practice of medicine or surgery or midwifery, in any of its branches, or who shall prescribe, or who shall recommend for a fee for like use any drug or medicine, appliance, application, operation, or treatment, of whatever nature, for the cure or relief of any wound, fracture or bodily injury, infirmity or disease. The use of any of the above-mentioned words or letters or titles in such connection, and under such circumstances, as to induce the belief that the person who uses them is engaged in the practice of medicine or surgery or midwifery in any of its branches, shall be deemed and accepted as *prima facie* proof of an intent on the part of such person to represent himself as engaged in the practice of medicine or surgery or midwifery, provided, however, that nothing in this act shall be construed to prohibit service in the case of emergency, or the domestic administration of family remedies; and this act shall not apply to any commissioned medical officer of the United States army, navy, or marine hospital service, in the discharge of his professional duties, nor to any legally qualified dentist when engaged exclusively in the practice of dentistry, nor to any physician or surgeon from another State or Territory who is a legal practitioner of medicine or surgery in the State or Territory in which he resides, when in actual consultation with a legal practitioner of this State, nor to any physician or surgeon residing on the border of a neighboring State, and duly authorized under the laws thereof to practice medicine or surgery therein, whose practice extends into the limits of this State; providing, that such practitioner shall not open an office or appoint a place to meet patients or receive calls within the limits of this State. Nor to any osteopath who holds a diploma from a legally chartered and regularly conducted school of osteopathy in good standing as such, wherein the course of instruction requires at least four terms of five (5) months each in four separate years. Providing that the said osteopath shall pass an examination satisfactory to the State board of medical registration and examination in the following subjects: anatomy, physiology, chemistry, physical diagnosis. Providing that said osteopath shall not be granted the privilege of administer-



ing drugs nor of performing major or operative surgery.

SEC. 3. Section 4403c and Section 4403f are hereby repealed, such repeal to take effect July 1, 1900, and this act shall take effect and be in force from and after July 1, 1900.

SEC. 4403g. Any person practicing medicine or surgery as defined in Section 4403f in this State, without having first complied with the provisions of Sections 4403c and 4403d, except as herein provided, shall be deemed guilty of a misdemeanor, and shall be fined not less than twenty dollars nor more than five hundred dollars, or be imprisoned in the county jail not less than thirty days nor more than one year, or both. Any person practicing midwifery in this State without having complied with the provisions of Section 4403e, except therein provided, shall be deemed guilty of a misdemeanor, and fined not less than twenty-five dollars nor more than one hundred dollars. Any person who shall file, or attempt to file, as his, the medical diploma or certificate to practice of another, or shall file or attempt to file a false forged affidavit of his identity, or shall willfully swear falsely to any question which may be propounded to him on his medical examination, or to any affidavit required to be made or filed by him, with the State board of medical registration and examination, shall be guilty of felony and be imprisoned in the penitentiary not more than five years nor less than one year. Such fines when collected shall be paid one-third to the person, corporation, or medical society making the complaint or furnishing the information, one-third to the poor fund of the county, and one-third to the State board of medical registration and examination. The secretary of the State board of medical registration and examination is charged with the duty of enforcing this act. If he have knowledge or notice that the act has been or is being violated, he shall investigate the matter, and upon probable cause appearing, shall file a complaint and prosecute the offender. It shall be the duty of the prosecuting attorney, when requested by such secretary, to take charge of and conduct such prosecutions.

SEC. 3. Original sections 4403 and 6992 are hereby repealed, and this act shall take effect and be in force from and after its passage.

## Globules.

We call attention to the new Ohio Homeopathic Law, printed above, which requires examination of all applicants for practice in Ohio. And each applicant must present a diploma and do a lot of other difficult things.

This will answer many questions asked of us in the past month.

The paper by Dr. W. B. Clarke of Indianapolis entitled "The Pot Calls the Kettle Black" should have been credited to the Indiana Institute of Homeopathy, where it was presented at the recent annual meeting.

We learn of the death and burial of Dr. Charles H. Thomas, who died at Baltimore, May 13. The honors paid to his remains were eulogistic of his worth as a man and as a Mason. He was a well-known professional man, a college man, an ex-Union soldier, and generally well beloved. He was buried with the ritual of the Knights Templars and by that noble body.

In our April 2 issue, in our "Pil. No. 50" department, we printed an extract which we headed "Professor Schenck's Method a Failure," and gave credit to *Ex.* This extract was taken from the *Medical Council*, but in the mix-up which sometimes takes place in the office and on the desk of a busy practitioner and editor the credit part was lost, and when the extract was eventually used there was nothing to identify it. Hence we resorted to the *Ex.*, showing that we laid no claim to its origination. We now learn that it was taken from the *Medical Council*, and we take pleasure in so stating, for this journal and its wide-awake editor, Dr. Taylor, are counted among our best journals and best friends.

Dr. David A. Strickler, 705 14th Street, Denver, Col., Chairman Transportation Committee, advises that the Trunk Line Association, the Central Passenger Association, and the Southeastern Passenger Association have granted an excursion rate of one fare and a third, on the certificate plan, to the American Institute; which rates go into effect in the Trunk Line territory June 15 to 21, and are good returning leaving Washington June 21 to 27 inclusive. Other associations will doubtless do the same. Buy a through ticket to Washington, pay full fare for the same, and request of the agent a certificate showing it is bought for this meeting. If such certificate cannot be had at your station, buy to the nearest station at which they are sold. *A simple receipt will not do.*

When you get to Washington do not fail to take this certificate at once to Dr. David A. Strickler, who will see that it is properly signed, when it will entitle the holder to a return ticket over the same route at one-third fare.

An announcement of the approaching marriage of our good friend and brother-editor, Dr. J. Richey Horner of Cleveland to Miss Belle Bentoe, also of Cleveland, lies upon our

table. The wedding took place upon the 12th of June at the Epworth Memorial Church on Willson Avenue. We take great pleasure in tendering our congratulations to the doctor and would extend the same to Mrs. Horner also were we acquainted with the bride. Dr. Horner is a very popular gentleman and practitioner, and the entire profession will wish him well.

**Dr. J. T. Kent**, late of Philadelphia, has removed to 1334 Hinman Avenue, Evanston, Ill.

**E. Mather, M. D.**, took a special course in the Detroit Homeopathic College, Detroit, during the term of 1899 and 1900, and speaks in the highest terms of the college. The doctor is very successful at his sanitarium, Birmingham, Mich. He is doing a special work in chronic and cancerous diseases.

A general favorite with advanced physicians everywhere seems to be Eskay's Albumenized Food. This preparation, made up on rational lines and covering a wide range of usefulness, is coming more and more to the front as a safe, sensible, and thoroughly scientific addition to the physician's outfit.

**Dr. Eugene H. Porter** of 181 West Seventy-third Street, New York, desires to inform his patients that from June 15 until July 1 he will be at Washington, D. C. During the months of July, August, and until September 29 he may be consulted by mail or telegraph at Upper Lisle, Broome County, N. Y., or at his town house.

The Kraft party for Europe *via* Montreal will travel from Detroit to Montreal *via* the Grand Trunk Railway System. We take especial pleasure in making this announcement because we know the value of this road from having traveled over it in 1896, when we took a party of doctors to London. The Grand Trunk is a reliable, well-equipped system and excellent in all its appointments.

The exodus of homeopathic physicians to the International Homeopathic Congress in July prox. does not seem to be either great or enthusiastic. We judge so from the fact that neither Dr. Paine nor ourself has succeeded in waking in the American homeopath a desire to see the grave and witness the ceremonies of monument unveiling over the actual remains of Hahnemann. The American Institute Committee, with the expectation of taking a thousand more or less of its members under the Moses-ship of Dr. Paine, has come to a grievous fizzle. If any homeopathic physician has been induced to go it has been only as a single unit in one of Dr. Paine's annual tours and has nothing American Institute-wise about it. In fact, if we are not misinformed, the Institute committee has taken

down its sign and put up the shutters. Very few American homeopaths will be at Paris; and those who do go will come mainly by themselves or "on their own hook."

The Big Four Line has a new train on for reaching St. Louis and the West. Try it if you are traveling in that direction or upon any of its branches towards the East. It is a popular and well-conducted line of service.

Do not overlook the Pennsylvania Lines when arranging to visit Washington to assist in unveiling the Hahnemann Monument. The line is reliable, is as cheap as any other, and its service first-class. Those of us who used these lines to reach Atlantic City last year have no occasion for complaint.

The Rochester Optical Company, the maker of the justly celebrated Premo camera, offers some unusual advantages just now to would-be purchasers of cameras and outfits. It has a film attachment which is attracting much attention. It is quite a sensible addition to a camera for an outing in Europe. The carrying of glass plates is quite an item, both of weight and expense, and equally from danger of breakage. Their Premo camera will be used in the Kraft European party this summer, and we hope to have some good views for use in these pages.

Lippincott's for June has a story by that ever charming writer, now General Charles King, entitled "Ray's Recruit." General King never fails of interesting his readers, and has the very happy faculty of enlisting their sympathies and approbation. The Cuban and Philippine war, in which he took active part, has given him new material from which to fashion some more of his famous stories. He is distinct in his story-writing from the multitude of others in that he aims for plot and mystery and then fairly accounts for his mysteries and works out his plots to a natural and satisfactory sequence. So many of the stories of the present day and hour are beautifully written and illustrated, but lack in these other essentials. General King is always faithful to the soldier hero and heroine, and his villains are always taken from real life and not exaggerated. We are always glad to read after General King. Lippincott in other ways keeps up its reputation for good stories, long and short, and funny pictures and catchy anecdotes. As always, a good magazine and popular.

#### The American Homeopathist.

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A. L. CHATTERTON & CO., Publishers.

# The American Homeopathist.

JULY 2, 1900.

FRANK KRAFT, M. D., CLEVELAND, OHIO, EDITOR.

## OUR PORTRAITS.



Hahnemann.

## THE DOUBLE UNVEILING.

RARE in the history of the world is the occasion when the same hero—martial, civil, or otherwise—has had two memorials to his memory and his greatness raised by an affectionate people and unveiled at practically the same time, in two different-tongued and widely separated nations. This is the honor to be meted out to the memory of the great Samuel Hahnemann. A grateful profession, standing for itself and an aftercoming multitude of homeopaths, united at Washington, in June of this year, in unveiling the beautiful McClelland monument to Hahnemann, which for beauty of conception and workmanship, and as well for costliness, will outlive and outrank many of its contemporary

memorials. And as for immortality, the name and fame of Samuel Hahnemann have long since found an eternal-abiding place in the fane of fame. Within a few weeks thereafter another monument to the honor of the same great and wise philosopher will be unveiled at Paris over the actual remains of the first Grand Master of Homeopathy!

It gives us, individually and editorially, no little satisfaction to reflect upon the fact that we were one of a small handful of American physicians who, while crossing the Atlantic to attend the International Homeopathic Congress at London in August, 1896, agreed among ourselves to leave London at the conclusion of the Congress, cross over to Paris, and look for the neglected and almost forgotten grave of Hahnemann at Montmartre. Thanks to the familiarity of Dewey with the language and the localities, we succeeded at last in locating the unmarked and rented tomb; and there we stood—we seven Americans—marveling and grieving at the shameful condition of this hallowed spot! Duffield of Alabama pinned a small silk American flag to the railing; and later, on a second visit, added a wreath of immortelles to his gift. We ourself made a sketch of the tomb and its surroundings, and after our return home this was engraved and published in this journal. This was in the fall of 1896. Now, in this year of the great Paris Exposition, and of the first International Homeopathic Congress since 1896, we are invited to Paris to witness the unveiling of a monument over the actual remains of our great Master Homeopath—a monument commensurate with the affection in which this people held him, among whom he sought and was granted a refuge, and in whose midst he laid him down in his final sleep—a monument to be unveiled



over a new grave in Père La Chaise, where our French brethren, after almost insuperable legal difficulties with the relatives and heirs, succeeded in having the precious relics reinterred.

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"PHIALS."

"PHIALS," the annual publication of the Junior Class of the Homeopathic Department of the University of Michigan, has reached our discerning and criticising shears. We start out by saying that it is a fine volume, handsomely gotten up and reflecting great credit upon its editors. This issue is dedicated to Regent Hon. Peter N. Cook, who was especially active in behalf of the homeopathic department of this university. His picture forms one of a series of handsome half-tones contained in this book which represents the faculty; and also a number of views of the university and the new homeopathic hospital. The "boy" is very evident all through the little sketches, and he makes the most of all the funny situations. He handles his professors with a liberal and sarcastic hand. He shows up their failings. But—Now we propose to criticise for a few moments. Brethren of a homeopathic publication, and writing in the interests of a homeopathic college, why do you give so much Balm of Gilead to the almost wholly mechanical chairs, gynecology and surgery? Since you are *vis-à-vis* with the dominant school, which makes a specialty of operations and no pretense of therapeutics, why do you single out almost with malice prepense these allopathic chairs and puff them? They don't need it. And what is more, they don't appreciate it. Make a little more honest contrast between the therapeutics and practice of your school and of the other. We know this is taught in Ophthalmology and Practice. In other words, let there be a difference between the teaching of all your chairs and those of the old school; and it looks very much as if this is not the case. Remember, brethren of the mystic quill, that your duty lies in "booming" homeopathy first and after that speaking kindly of the other doings and things in our colleges, and which are almost allopathic. See? You have good professors in homeopathy: one at least who is known wherever there

is a homeopathic doctor; why not speak of his labors in your behalf?

~  
ARRANT QUACKERY.

WE are in receipt of several issues of the *Modern Farmer*, printed apparently at St. Joseph, Mo., which suggest the story in a nearby country paper that a flock of sheep numbering four hundred had the day before, while crossing a rickety bridge over the river at a mentioned point, broken the bridge and fallen into the river and most of them drown-ded. In reviewing the account of the pitiful catastrophe a contemporary said that with the exception that there were not four hundred sheep in the flock, that there was no bridge over the river, and that there was no river at that point, the item was noted for its truth and veracity. This *Modern Farmer* is good for almost anybody but a farmer—using the word in its legitimate meaning. Its farm articles are all "boiler-plate"—meaning stuff that is bought from syndicate publishing companies at so much per front foot; and that every other space in the "journal" is given over to clap-trap advertisements and Three-Day-Cure concerns; thus leaving the impression that the real purpose of this "journal" is to boom these fly-by-night concerns, and by adopting this innocent guise give it entrance into reputable homes in the country where everything is read from first page to last. What annoys us especially is that this *Modern Farmer* is sent us, as has been all former literature built on the same plane, because somehow the impression has gained currency that we are in need of their hellish truck to restore our virility both in physical and mental regards. It is a pity that our great and good government cannot find some way of catching up these notorious swindlers and making an example of them for using the mails for improper purposes. So long as this dirty stuff is sent to us individually we are able to take care of it—though it makes us warm under the collar; but when it invades our front porch, is thrust in at the kitchen door, is poked into the market basket, and comes in the mail to our innocent children, then we declare that a good repeating shotgun would be properly used in

exterminating a few of these damnable hounds with their polluting literature! But the government is not concerned in the morals of its people. It has greater and graver issues to contend with.



### MY EXPERIENCES WITH NOSOPHEN AND ANTINOSINE.

From a Clinical Lecture by WILLIAM FRANCIS HONAN, M. D., New York.

THIS case, which some of you saw operated upon a few days ago, was a very serious one, prosalpinx on one side and a large abscess of the ovary on the other, also an abscess between the adherent bladder, tube, and ovary. The entire pelvic viscera was matted together with dense adhesions. The diseased structures were removed, abscesses evacuated, and drainage established per vaginam, and also, on account of extensive oozing, iodoform gauze was introduced, and between the coils of the intestines I brought out the lower angle of the abdominal wound. On account of the weakened and exhausted condition of the patient due to the prolonged suppuration, there was considerable shock following the operation. Two days after, the house surgeon reported, temperature rose to  $104^{\circ}$ , pulse was 140, and patient in active delirium. At once I suggested iodoform poisoning, a condition which he had not thought of. Removal of the iodoform gauze drains and some symptomatic treatment put a very different complexion on her case in a few days. You will notice her fragile build and general evidences of a susceptible temperament, and I am glad of this opportunity to impress the fact that iodoform often produces some serious results.

For many years iodoform in powder, or mingled in the meshes of gauze, has been the chief reliance of the surgeon in the treatment of wounds and post-operative conditions. Its "clinging" odor, though seldom objectionable to the surgeon, is often very disagreeably so to patients and their friends, and has led to much investigation for a substitute, but usually we have gone back to the yellow powder, odor and all.

My attention some time ago was directed to another iodine compound (nosophen) which I

have used quite extensively and with very excellent results. The severe toxic effects noticed after the use of large quantities of iodoform, while not clearly understood, are supposed to be due to the liberation of iodine and its absorption by nerve structures (Klebs), but according to Bing and Luntz the iodine which is bound to phenol in nosophen is not set free in the body. Be it as it may, I have given nosophen a very thorough trial and have as yet discovered no untoward effect from its use. In minor surgery of almost any kind and in major operations the same useful action has been observed.

A very useful application of this agent is in chancroids. The ulcer is thoroughly treated with hydrogen peroxide, or, better, pyrozone, and then dusted with nosophen, and the result will invariably be a speedy healing with no more attention or anxiety than though it were a simple ulcer. Washing the penis in a solution of antinosine, drying the organ, and dusting with nosophen is a very effective treatment for herpes preputialis. I might enumerate many such practical uses of both drugs, but can dispose of the subject by saying that in private practice I obtain most excellent results from the use of from one-half to two per cent. antinosine solution as an antiseptic wash for the field of operation and then by dusting the resulting wound with nosophen.

Another instance showing superior antiseptic and healing power of both agents is worth recording. A lady with rather a thick growth of hair had six sebaceous cysts in the scalp. Head was shampooed the night previous to the operation, the roots of the hair and skin over the cysts was washed with two per cent. solution of antinosine, the cysts were then removed, the incision closed with No. 1 catgut, dusted with nosophen, sterile gauze applied, and the entire six incisions healed by primary union—quite a severe test for any treatment, as the scalp unless shaven is difficult to render antiseptic. Gauze impregnated with three per cent. nosophen can be made to play a most important rôle in surgery and obstetrics.

Some months ago I was hurriedly summoned to assist and confer in a case of labor. The patient, a primipara, whom I saw in consultation, after a very tedious and exhausting labor was

delivered, but developed a post-partum flow that resisted all of the usual means employed on such occasions. Having had something of an inkling of the nature of the trouble, I had provided myself with a tube for transfusion, instruments for packing, and the uterus was packed with an abundance of nosophen gauze. The patient showed decided evidence of collapse from hemorrhage. Radial pulse was entirely absent, extremities cold, features pinched and pallid. The cavity of the uterus was quickly irrigated with hot saline solution and packed with—I am afraid to say how many yards of—three per cent. nosophen gauze, heat was applied to extremities, whisky and saline solution per rectum and strychnine sulph. given hypodermically. There was no flow from the uterus, and the patient rallied. That the hemorrhage might have been stopped with any kind of gauze is quite true, but such an amount of gauze impregnated with iodoform as went into that large, flabby uterus would have undoubtedly produced some very unpleasant if not dangerous symptoms. The nosophen gauze also seemed to have more of a hemostatic effect, and when a discharge was established it was an odorless, innocuous serum. At the end of forty-eight hours the gauze was removed, and it was found not to be offensive. The patient did not develop any rise of temperature to speak of, though the perineum had been badly lacerated through the left sulcus in the vagina down to the rectum. The inside tear was approximated with catgut sutures and the skin and deep perineal laceration with silkworm-gut, and though the parts were badly bruised primary union resulted. This to me was a very instructive case, and gave me great confidence in nosophen.

Another instance of some importance was a case of hematocele of the left broad ligament in a young woman. Here an incision was made posterior to the cervix, and the broad ligament opened into, and clots and the organized tissue was removed, the cavity being then packed with iodoform gauze. On the second removal of the gauze, nosophen was substituted for iodoform, with much better results. The wound healed quicker, the offensive odor became less, and altogether my judgment was largely in favor of nosophen.

I have not had as extensive experience with antinosine, but in private practice, where an odorless and efficient antiseptic is desired, it has served me well whenever I have used it.

It might be mentioned that antinosine is nothing else than nosophen in a soluble form. It is the sodium salt of nosophen. While nosophen is a grayish-yellow powder, antinosine is a blue powder which dissolves very readily in water, also in alcohol and glycerin, giving a solution of wine-red color.



### INSTITUTE ETCHINGS.

MONDAY.

The hammer and chisel of the workmen are noisily busy about the monument. Looks as if the work could not be completed by Thursday.

There is no politics in the Institute this year except—but no matter. They are with us always. Let us be merciful.

The new Surgical and Gynecological Association (Independent) voted unlimited time for papers and discussions.

Cecil Rhodes, whose ordinary name is Keegan, of Rochester, is among us and threatens to whip the next man who likens him to Rhodes or Mat Quay.

McClelland's daughter, in jumping over the line of ropes temporarily surrounding the monument, fell and dislocated her elbow.

Dr. Jas. M. Ward and his wife, *née* Florence Saltonstall of San Francisco, are here and prominent part-takers.

Helmuth, *père et fils*, are here, both looking well, and enthusiastic for the monument. *Père* Helmuth will honor us and the monument with a dedication poem.

Biggar, on the way from Cleveland, and here, was frequently mistaken for "Uncle Mark," and was much amused thereat. "Giving and forgiving" is a beautiful motto. How many can live it?

Kinne of Paterson, with no whit of his old-time precision and forcefulness in debate and general *bonhomie* abated, is here with his good wife.

Paine of Georgia, and Peck of Rhode Island, are "in our midst," natural as of yesterday. Age passes them by.

Could not ask for prettier weather. Made to the queen's taste in every regard.



The Chicago Homeopathic Medical College flag, as usual, hangs on the outer wall of a nearby hotel. It is a beautiful bit of bunting, and stands for a fine college.

Ohio is not over fully represented. Walton, Biggar, Wood, Baxter, Beebe, Sawyer, Schulze, Carpenter so far. And ourself.

Verily, verily, Washington is another Forest City, for its trees and parks and many breathing places. It is rapidly becoming our Capital City in very fact.

Denver is here by Smythe, Strickler, and Shannon. S. S. S. But not three of a kind, Others expected. Anderson is building him a house. Wheeler will likely not be here.

Missouri gives McElwee, Edgerton, and Neumeister. But this is only the first day of the week of Institute session.

## TUESDAY.

Opened up a little rainy, but cleared off beautiful and cool. Everybody in good trim.

A little more of politics to be found around the large pillars in the hotel lobby. Nothing dangerous, however.

Philadelphia not yet present, except by Van Lennep. Trouble begins to-morrow with nominations.

Fisher is here—not THE Fisher of Cuba, but of Montreal. He occupies as of old the front seat.

Van Norman and Beckwith arrived this morning. And many other familiar faces are found in the surgical meetings.

Nancy Williams is here, and—as she deserves—a principal figure. Everybody loves her and likes to touch her hand.

Especial honors are reserved for sister Nancy, W. at the public meetings of the Institute. She will also be in Paris at the other unveiling.

Anæsthesia has been holding the surgical boards all forenoon. Appendicitis did same yesterday. Dr. Biggar's paper on Cancer was presented last evening, and was well delivered and received.

Dr. J. B. Gregg Custis is here, there, and everywhere. Everybody knows him, and stops to ask him questions. He is a master host.

Bailey (the boy-president) is here beaming over with spirits—animal and others—his cheeks red and eyes bright.

Dewey, Copeland, and Kinyon represent the University of Michigan's homeopathic department. Three of a kind.

Wood's paper on Appendicitis was masterly and well presented. He accompanied it with a printed list of cases.

Hartman of Syracuse is acting as secretary of the S. and G. (Independent) section; Roberts (incumbent *de facto*) is somewhere North. Hartman is a pleasing speaker.

There were seventy papers chronicled for the S. and G. (Independent) bureau.

Joseph T. Cook, Buffalo, arrived this morning.

The Washington monument is still in the same relative position as formerly. Those with fatty tendencies advised to take the elevator.

Boothby has taken unto himself no apparent age since last we met him. Young, chipper, and spry.

Packard and Clapp also stand for Boston. But, alas, Talbot is not here!

We hope to have a Shelton day to-morrow and to-morrow evening. Report goes that the monument deficit is less than \$5000.

Moffat of Brooklyn came also. He brought his nervousness with him, as well as his pre-occupiedness of manner. Busy and bustling always.

General Porter (secretary) has the Institute on his hands. But he is assisted by his recording secretary Smith. Mein Liebchen, was willst Du noch mehr?

The *Medical Century* is, as yet, not represented. One editor (chief) is in Cuba. The other (assistant) is just married. To which may we send our congratulations, and to which our commiseration?

Doubtlessly Fisher writes the bulk of the editorials which he writes. Our criticism referred mainly to the palpable fact that they are barrel-sermons—prepared at the beginning of the year and laid away in camphor and moth-balls—and taken out of pickle, one every month, by the assistant editor in Cleveland, or the New York office, and dropped in the slot. Come back, come back, we cry in grief, across the stormy water, Oh, try to make your absence brief, and save yourself from slaughter.

Happy Man Smith, *nd* Hahnemann Monument Smith, is in his proper element to-day. He is happy. He looks it, and feels it, and says it. And hasn't he just cause?

This afternoon at three o'clock the statue of Hahnemann is to be placed on the "box" as one enthusiastic but short-worded member stated it, meaning the pedestal. Some of us remembered Mark Twain's tussle with Columbus

and the bust. It is to be a quiet affair. No one knows it except four or five hundred.

### WEDNESDAY.

There was a handsome and appreciative audience gathered last night at the New National Theater to witness the formal opening of the Institute. The program was delightfully interspersed with music. Dr. Walton's presidential address was, of course, in his usual practical, felicitous vein. He kept his audience interested, and the frequent sallies of laughter and rounds of applause bespoke the pertinency and merit of the address. Dr. Walton possesses the rare merit of condensing all his official papers, and of selecting prominent topics for discussion. His delivery is peculiarly happy, and his words are heard to the farthest point of any auditorium. His address was unique in many features. It was a thoroughly well-thought-out homeopathic paper. And it is matter of gratulation that when he made his most effective points in favor of homeopathy he was rewarded with most generous applause. We hope ere long to present copious extracts from this important homeopathic state paper.

At three o'clock yesterday afternoon a few of the members, knowing of the intended occasion, visited the site of the monument and witnessed the depositing of the copper box in the pedestal and the raising and putting in place over this cornerstone of the heroic bronze seated figure of Hahnemann. Dr. McClelland deposited the box, making no formal speech: in fact, the whole affair was informal. Among those on the dais were Nancy T. Williams, H. M. Smith, President Walton, the representatives of several journals, and thirty or more members of the Institute. The statue is beautiful in its pose and proportions. The monument as a whole makes a fitting piece of monument-architecture for Scott Circle.

Dr. King said, in meeting, yesterday that President McKinley had watched the building of the monument almost daily—driving by with Mrs. McKinley. He has promised to be present to-morrow. To-morrow night he has accorded the Institute membership an informal reception at the White House, to which none but members can gain admission.

I had the great honor and pleasure of to-day seeing and conversing for a few moments with President McKinley. By good fortune I had a letter which admitted me without ceremony. I invited Dr. Biggar and Dr. Walton to accompany me. The President was very kind, bade us be seated, and gave us some minutes of conversation.

The Surgical and Gynecological Association (Independent) closed its first annual meeting amid a blaze of glory and fireworks of a verbal nature. How many papers were read of the seventy billed at the beginning I do not know. But every participant felt that it had been good to attend. Van Lennep made a capital chairman and was ably assisted by Hartman as *p.-t.* secretary. One incident I must not omit. This was the conferring of honorary membership—the first—upon our surgeon-poet Helmuth. When he arose to speak his thanks he was greeted with enthusiastic applause, and for some moments was unable to proceed. He clearly showed his emotion. He recited briefly his struggles since 1852 to make surgery a success in homeopathy; and his pride to witness now the power which had come to homeopathy, and that it was now dominating the civilized world. I must also state that he was given a similar ovation at the New National Theater last night as he passed across the stage to do honor to President Walton. Everybody was a unit to make the welkin ring with plaudits for our First Surgeon and Poet, and when Chase, Father of the House of Seniors, stepped upon the same stage the jubilation again took place. The Institute delights to honor its faithful and long-tried members.

This morning the Institute opened formally and did some quick work. Walton is master in the art of quick dispatch of routine business. Nothing had a moment in which to halt and hesitate. Everything went along as if on ball-bearings. At eleven o'clock precisely the Institute adjourned and gave way to Gynecology. This section, and Surgery and now Pedology, will fill out the day. To-night is Memorial Service for forty minutes, and, following, jubilation over the monument.

From one to two to-day President Walton had a reception tendered him at the Columbia Athletic Club. It was a truly joyous occasion. There was a heavily laden table bearing flowers, fruits of all kinds, confections, and other refreshing things. Following this was music. Drs. King, Custis, "Swampy," (the latter's birthday) were hosts *par excellence*. Some seventy-five members attended, and left there later, feeling good and kind toward each other and toward all mankind.

The nominations are in. Only one office is contested. Norton and Van Baun are after the presidency. Gatchell's name, despite weeks of wire-pulling and working, failed to be put in nomination for general secretaryship. Porter will be at the helm again. He has been a good and faithful officer; he deserves re-election; and when he lays down his office may he find

a presidential baton in his knapsack. So say we all of us!

Geo. Royal is candidate for first vice president and Florence Saltonstall Ward for second vice president. Dr. Florence Ward is deservedly very popular with all her surgical brethren, and everybody else. She has a fine voice, and speaks with great clearness and precision. Her paper in the S. and G. A. (Independent) was well prepared and equally well presented.

Alas, the poor Memorial Service! It is sadly in the way. Why will our members die? Let the dead bury the dead. On with the dance! We have no time for the has-beens. It is sad; but human, doubtless. First an effort was made to shunt the memorial services from this evening to an insignificant and easily forgotten hour this afternoon. But better judgment prevailed. The great problem in the Institute now is not who shall be president, but: How can we get rid of our dead—after we have buried them out of sight?

So far it is an ideal Institute meeting. Everybody looks pleasant. The Hotel Arlington is admirably arranged for our meetings. The office is unusually courteous to all. We feel at home, and will leave this beautiful place with pleasure and regret. Pleasure because of what King and Custis and "Swampy" did for us. And regret that such pleasant relationship cannot continue forever. As someone said in an interlude between the coffee and cigarettes at the Columbia Club: If more of our members could get together and away from a hypercritical paper, and just meet and touch elbows with each other, in the relaxation of intimacy engendered by good viands and good stories, the Institute would lose much of its awful solemnity and sepulchral dignity. We have not had any "smoker," such as Atlantic City gave us last year, but we have run up against the real thing on several occasions here, which has demonstrated the correctness of Walton's quoted dictum, "One for all, and all for one": in other words, the totality.

A notable request preferred this morning was that of the National Society of Eclectics, who have just closed their annual meeting at Atlantic City, who asked for permission to be present at our dedication ceremonies to-morrow. Dr. D. A. Foote made this announcement, and moved its granting. Of course it was unanimously, if not almost vociferously, granted.

I had occasion to require a dose of kali phos., high, yesterday. Do you suppose I could find a single medicine case "in our midst"? Corkscrews and trephines in abundance, but no medicines.

While Dr. Biggar, Dr. Walton, and myself were sitting in the waiting-room of the White House to-day, the colored doorkeeper, after watching one of our trio furtively for some moments, went over to a white doorkeeper and whispered. Later, on being beckoned over and questioned, he "blushingly" admitted that if Mr. Forepaugh could have come back to life, he could have said he was looking at him now! While I was out driving yesterday afternoon, we met the Japanese Minister and suite, also driving. It was really amusing to note how in passing they critically yet respectfully eyed our Dr. Biggar, taking him for Mark Hanna!

That reminds me to say that Shelton of New York is said to be a living image of Woodruff of the same State. It won't do, however, to call him Tiny Tim, for his proportions are larger.

Mohr of Philadelphia is here and has a few advance sheets of a new book he will soon launch upon the profession. I have not yet been favored with a view of these leaves, but from others who have seen them I learn that he is preparing a very creditable and necessary text-book for materia-medica students. Snader of the same Sleepy Hollow is doing likewise. Both these men are well-known and first-class teachers, and their books will be a distinct gain to our school.

#### THURSDAY.

Last evening was Memorial-Jubilation Service. I know that looks sort-er-a-odd. But it is a fact. The entertainment-mourning ceremony-obsequies were ushered in with several merry marches from an openly concealed string-band. After which President Walton introduced the Necrologist, who read, without comment, the names and late residences of those of our brethren who have during the past twelve-month passed over The Great Divide. This dead-roll of mortality numbered twenty-eight. A serious and repeated effort was made to kill off Clitus Hoag; but the Necrologist declined accepting the responsibility, in view of the palpable fact that the doctor was alive the day preceding.

Following, Dr. E. H. Pratt was presented as the orator for the occasion. When I say that he acquitted himself well, I but repeat what everybody who knows him and his eloquence knows full well. He addressed himself to a line of thought which removed the sting of sorrow from the departure of our loved ones. He essayed to show that when man is taken hence, it was for a wise purpose, and it partook of selfishness for his remaining brethren to mourn unduly for him. The address was filled with beautiful



thoughts, and is distinctly one of the fine papers of this Institute session.

Then the band gave us cheery selections from Sousa, closing with a few bars of the "Last Rose of Summer." The occasion was then changed by our president, in a few felicitous words, from one of "mourning" to one of jubilee, the Monument Committee taking the carpet. McClelland, for the first time in his life had no report to present, but spoke briefly. When he attempted to give chief credit to H. M. Smith—while the vast audience gave due recognition to Brer Smith's merit Kinne wanted to know about McClelland. That was the signal for a unanimous applause that lasted for several minutes, visibly embarrassing and choking with emotion the little man on the platform. When Hahnemann Mon. Smith came to the stage, he, also, met the same storm of applause. He recited some of the troubles he and the committee encountered in the eight years of unrelenting thought and toil. But when he spoke of Sister Nancy T. Williams, and the manner of her paying \$4510 to the monument, and having but one sorrow, *i. e.*, that she had not sent \$2000 more, that same audience rose and applauded, and stood in the hope that Dr. Williams would respond.

Dr. T. Y. Kinne spoke briefly, but eloquently, clearly, and distinctly, of who Hahnemann was. He began with his birth, and followed him through poverty and affliction to the golden old age when he laid him to his eternal sleep in Paris. It was a beautiful and poetical tribute, and one that will bear fruit in that audience, made up as it was of many of the most prominent citizens and their wives of this beautiful city.

G. Demosthenes Shelton had another inning; unhappily he attempted to read his paper, and he failed of eliciting the guerdon of praise which always his extemporaneous efforts arouse.

Helmuth—the poet-surgeon—was called to the front, and remarked principally on the grandness of achievement, not only in the completion and soon unveiling of this beautiful monument, but principally upon the acceptance of it by the United States, and its tacit recognition of homeopathy. Never again, while that monument stands, can the government refuse to honor our school, if ever again war's rude alarms sound in our land. His tribute to I. Tisdale Talbot was most beautiful and touching.

The evening was rounded out with some more music, after which the Institute adjourned to Dr. Custis' house to meet Dr. McClelland and wife. There was a jam there, several of them—not all on the dining-room table, either. It was

a joyous occasion, as have been all the various receptions so far tendered and attended.

This morning the interest centered in the election and place of next meeting. The election went on quietly enough; but when the place came to the bat it developed enough enthusiasm to run the Philadelphia Convention. Cambridge Springs, Richfield Springs, Buffalo, and Niagara Falls had their several stump-speakers and speeches. Finally B. Franklin Bailey suggested Montreal, and called upon the two members from Montreal to make the nomination. This was done. After Shelton had his innings, referring sweetly and appropriately to hands across the sea, the audience noisily demanded the question, cutting off further debate. Kinne made the formal motion, which was promptly and numerous seconded. However, Gatchell got in his remarks counseling coolness and practicality, and pointing out that Toronto was nearer, if Canada it must be; and the motion, being amended by Wood to substitute Niagara Falls, was ultimately carried. A. B. Norton was elected president by a vote which is nearly three to one for Van Baun. The remainder of the ticket was without contest.

I have just seen and spoken to T. Lindsley Bradford. He looks the student and bibliophile he has proven himself to be by the several valuable volumes he has enriched our libraries withal.

Double Decade Hudson is here, and enjoying himself. Many of the members, having finished their work, have disappeared and gone home.

Dr. King, local committeeman, has been presented by the Exhibitors with a handsome steel engraving, "The Doctor."

The subscriptions this morning to the Hahnemann Monument Fund—the last call—were plentiful. Shelton had another opportunity to show his ability as an extemporaneous orator, and as a result the shekels flowed in. Boothby renewed and amplified his former subscriptions for himself and wife. Baxter added another \$25. Biggar gave an additional \$250 in the name of his children. Our Montreal brother—who says he is an American—gave \$25. And many others did likewise. But others, fearing the eloquence of Shelton and Helmuth, fled the scene, lest their hearts respond to the impassioned but unsentimental speeches that were like to be made. Some of those who sneaked out and hid in the recesses of the several parlors, lest they be importuned, ought to be ashamed of themselves. Among this batch of recalcitrants were those who are large in council—with their mouths—but lack utterly in making good their

oratory. Shame on you, gentlemen—I won't dare call you men !

Fisher of Havana sent a check which pays the balance of his subscription made at Denver. The audience was glad to hear from him and appreciated his contribution, for many of them remembered some of the caustic things he had formerly had to say of the monument. Someone in my hearing to-day said Fisher isn't practicing at all, or only on the side ; that he was engaged in newspaper work—being special correspondent of a Chicago paper. As usual, this is not a complete lie. It has some elements of truth in it.

#### FRIDAY.

Yesterday was unquestionably the banner-day, not alone of this session, but of homeopathy. In my estimation nothing has taken place since Hahnemann's death which has so stirred up the homeopathic world as the unveiling and presentation of the Hahnemann Monument in Scott Circle. It was a beautiful day from early morn until about 3 P. M., when a light shower passed over the city, laid the dust, and cooled the heat a trifle. At the place of the monument—which faces to the west—a canvas wall had been erected to shield those on the floor of the monument from the blinding rays of the descending sun. Shortly after five o'clock the Marine Band began discoursing sweet music, when suddenly it was discovered that President McKinley had arrived. The audience of nearly two thousand persons rose and applauded as our Chief Executive crossed the greensward and mounted the dais. Here he was met by the committee and seated, hat in hand ; and here he remained until the close, an interested spectator, frequently leading in the applause which was given the various speakers. Dr. Custis opened the occasion with a brief statement introducing the venerable Rev. Bittinger, who led the audience in prayer. Dr. McClelland, Father of the Monument, happy as any boy, cheeks red, eyes sparkling at the completion of his eight years of unremitting study and toil, spoke equally briefly, presenting the work to the American Institute of Homeopathy. Miss Custis drew the cord which dropped the veil from the statue proper and displayed the meditating philosopher, philanthropist, and doctor to the applauding populace, which rose to its feet as President McKinley stood up and applauded. Dr. Walton, our Institute president, was never in better trim and training than upon this historic occasion. His voice was clear and resonant, and his words carried easily to the farthestmost point of the congregated people. His address was eloquent, noble in conception, and happily and perfectly delivered. His graceful flights of oratory, his

always appropriate gestures, were masterly, and evoked rounds upon rounds of applause. He was unquestionably the man for the place, and he filled it to the satisfaction of every member of the Institute. The Institute in the recent past has been fortunate in having good presiding officers from Kinne on down to date : I question, however, whether there was ever more perfect presiding and speaking at any meeting of the Institute than on yesterday afternoon, with Walton as president. Colonel Bingham accepted the monument on the part of the government, adding some gracious words as to its rare beauty and uniqueness. "This is not," he said, "a man on horseback, of whom we have been told we have all too many in Washington." Following, came Helmuth, with an original ode, which was closely listened to by President McKinley, who frequently gave the signal for applause. Dr. Helmuth made a fine appearance, and at once captivated his audience, who were with him to the end. But the *pièce de résistance*, the good wine which was kept to the close of the feast, was the extemporaneous address by Attorney General Griggs. It was of the order of that other great orator and statesman whose statue ornaments the opposite end of this Circle—Webster. It took everyone by completest and happiest surprise. Yet I am told that when he took his place on the dais of the monument, less than half an hour before, he had not given the possible address a moment's serious thought. Someone sitting back of him—some say it was Kinne—upon his request gave him three or four points ; and with these as a foundation, and listening to the preceding addresses, he evolved an oration that was magnificent ! I feel in a superlative degree this morning, I admit. I am thoroughly saturated with the grandeur of this whole transaction ; but I use that word "magnificent" correctly and with the heartiest co-operation of all who had the honor to listen to him. President McKinley himself showed his agreeable surprise at the masterly speech, and was first to take the speaker by the hand at the conclusion of the speech. I have in my thirty years of public-speech hearing and reporting sat under the verbal droppings of many a fine orator ; but I am free and very proud to say that General Griggs bears away the wreath of superior merit. The President then rose, the people with him, and after shaking hands with the immediate officials on the dais, bowed his acknowledgments of the cheers which were being given for him, and then rapidly withdrew to his carriage.

On the dais of the monument—if that isn't the right word supply one that will explain to you the floor of the monument, and upon which the colossal bronze figure of the seated Hahnemann

Copeland. Aldrich. Porter. T. F. Smith. Mohr. Biggar. Bailey.



Royal. H. M. Smith. McClelland. Custis. Kraft. Kinne. Norton. Dewey. Peck. Palmer.



is placed—on the dais were seated Dr. Nancy T. Williams, The One Woman whom the Institute delights to honor; Shelton, Aldrich, H. M. Smith, McClelland, Walton, Kinne, Custis, Colonel Bingham, General Griggs, General Wilson, and a dozen others, more or less.

From my point of observation, a little to the left of the statue, while the several parties were speaking, the pose of Hahnemann made it seem exactly as if he were watching and listening to what was being said.

Last night President McKinley gave us an informal reception at the White House. It was a pretty function, and carried out with heartiness and good-will. The President (standing) and Mrs. McKinley (seated) received the doctors and visitors from 8.30 to 10 P. M., the President as he gave his hand repeating each name to Mrs. McKinley. I had the distinguished honor of being remembered by the President, who spoke a few words additional to Mrs. McKinley, whereupon that lady, contrary to her custom, presented me with her hand. While waiting in "the inner circle" of this room, I was made acquainted with Surgeon General Sternberg, Secretaries Root, Hay, Wilson, Griggs, Hitchcock, and Private Secretary Cortelyou; also other celebrities who were gathered there. The White House was handsomely decorated; the Marine Band playing charmingly. I am informed that very nearly two thousand persons being allied to the American Institute as members or visitors passed before the President last night.

I saw more police-officers about the White House grounds and in the building than I have seen in Cleveland for ten years. But they were uniformly courteous and handsome fellows. It was, however, a hot night, and I felt some sorrow for General Sternberg and Colonel Bingham and several other military men who were in full uniform. Vinnie Ream (I have forgotten her added name) was there in all her matronly overfullness of body. Poetry may still reside in her heart, but it doesn't seem apparent or transparent in her bodily contour.

This morning hour was taken up by a quantity of routine committees which seemed to draw only such members as are specially interested. There is a constant ebb and flow in the meeting-place of these interested and disinterested parties. Medical Legislation and Medical Education in various forms held the boards, Drs. Hanchett, Price, Peck, Dudley, and Biggar presenting and discussing the allied subjects. Dr. Biggar, as chairman of the Medical Education Committee, read his report, which was severely but honestly handled in some parts.

The criticism was kindly, and the whole summing up proved that the objections were made mainly in the belief that the Institute either was unready or did not care to engage in entangling alliances. The report was well received and its advance merits conceded. This was a vast advance over last year, when, in Dr. Biggar's absence, the handful of members seemed to delight in dismembering the report and minimizing the committee's labors.

The membership is disintegrating. Many have already gone home, and others are hunting the cashier's desk and paying bills and going home. But there still remains some very important business to be done. Peck said that ninety-nine had applied for membership thus far this year. The sections are not being very plentifully attended. There are too many counter-attractions. Many have gone to Mt. Vernon. Edgerton of Kansas City has a piece of the original cherry tree and proposes to make a proving, with the hope that its giving will cause the telling of the Truth. Palmer of San Francisco, when you look at him from a little distance, is almost an exact facial counterpart of the lamented Ludlam. J. B. S. King is here, and has j'ined. He is reporting some of the sections. He looks just like some of those bright little bits he used to write for the old (Hayne) *Medical Visitor*. Mrs. E. H. Pratt is here, and is a very pleasant and sociable little woman. A number of other ladies are attending with their husbands; notable among these are Mrs. E. C. Price, Mrs. James C. Wood, Mrs. O. S. Runnels, Mrs. W. B. Carpenter, Mrs. T. Y. Kinne, Mrs. E. H. Porter, Dr. Sarah J. Millsop, Dr. Millie B. Chapman, Dr. Florence S. Ward, Dr. Kate Parson and others whom I do not know.

The local Committee of Arrangements deserve an especial vote of thanks for what they have done for us and the profession. There has been no hitch anywhere—not even in the weather.

I note the absence of the dinner bucket and the man who carries it. This is accounted for by the fact that Washington has no factories and industries of the grimy nature. Hence the city is clean and beautiful. The colored element is very great. The ladies have a pleasant and comfortable fashion of promenading the streets, without bonnets or headdress; and their escorts are equally comfortably arrayed.

"Our Teddy" McElwee was at the Monument Celebration yesterday with his good wife. Since he removed his mustache, and but rarely wears his glasses, he has lost some of his former resemblance to our new vice-presidential candidate.

I would like to suggest to the impatient ones that the Memorial Service might be still ordinarily decently observed by having a good picture of each decedent of the past year framed and exhibited in the main hall of the sessions with name, age, and brief history. Then the Old or Young Men Eloquent might put their remarks in the space of a half-hour, and so save the Institute's time for the more serious business—such as disputing for an hour or less on the proper place for our next meeting. I had the impression that the Location Committee was specially appointed to consider the relative merits of all places advocated and then report without buncombe and rapid-fire speeches. But I must be mistaken.

It is to be regretted that T. F. Allen is not here to report for his Pharmacological Bureau, which was asked for by him and granted under such apparently pathetic—nay, almost melodramatic—situation. But he cometh not, and I have not heard that there is any report. It is further to be regretted that such committees are appointed only to die before the year lapses in which they are born.

#### SATURDAY.

Well, the a-go-ny is over. Members present 442; visitors, 674. The Institute adjourned a few minutes after eleven o'clock this morning; in its closing hours, as usual, springing a number of supra-important matters. True, every member had good and timely notice by publication in the programme. And yet, and yet— It doesn't seem right. Bear with me, please, for a few "kicks." I have thus far put much restraint upon my axe, and I will chop a few small chips only. It does not seem proper to make a number of changes in the Constitution and By-Laws in the closing hours of the meeting, when but a handful of the more influential members are remaining. Still, what are you going to do about it? If you put this important business at the other end, then a number of the members will object. If it is put in the middle, then the O. and O. and the Materia Medica will kick, because it will take interest and membership away from ocular reflexes and high potencies. And there you are. By great good fortune that particular and peculiar amendment, championed by but one journal,—to wit, to publish the Transactions in monthly-journal form,—went practically to grass; or in other words, it was referred to a committee which has a large and capacious pouch for unconsidered or inconsiderate motions. I believe it has a sesquipedalian title, something about the Improvement of the Order of Exercises and the Publication of the Trans-

actions, and several other burning and highly alliterative subjects.

Has the American Institute become unwieldy; and if yea, do we still dare to call for new members? if nay, why so much perennial dissatisfaction with the conduct of the meetings? Back to our *mouton*: that journal idea. What are the transactions—or what were they in the start when journals did not bloom at every cross-road, and editors were as plentiful as Cadmus' armed men which sprang from the ground? Why, they were and are RECORDS! A journal is *not* a record. It is a current paper, which treats of current affairs in a current manner. In fact, journal means "daily": a thing to-day, which to-morrow may be something very different and in a year's time is exactly the opposite. But the placid and well-considered Transactions, passing first through a number of competent shears and blue pencils, stands as the crystallization of the best of that year's meeting. It will be the record for all time to come. Journals are rapidly passing out of the stage of blanket-papers. They are following in the lead of the live and stirring topics of the immediate moment as practiced by the daily press.

True, objection has been repeatedly urged against the Transactions because of their lateness of appearance. But that is a matter of detail which, when closely examined, is easily and promptly corrected by the membership itself! It is up to the membership. We know whereof we speak. It is the dilatory member who delays the Transactions. Let him do his part, and all will be well. So long as he cannot be brought to a realization of his responsibility, the Transactions will be late. Our remedy for this, as frequently stated, is the doing away entirely with the permission to revise his speech by the non-advertising member. If a journal of the American Institute is published it will necessitate the employment of an editor,—probably the astute and well-qualified editor of the *Medical Visitor*—with a salary of twelve hundred a year. But can the horse be made to drink? Question? The pen of every journal in the land will be against it except that fortunate one who gets the rich sugar-plum. Then what about the general secretary? shall he be the editor? Well, he may object, even at twelve hundred. It is a sign of newness and weakness when an organization adds a journal to its other expenses. Beckwith objected to the motion, citing the instance of the American Medical Association, which, after several years of the journal idea, has found it *very* desirable to go back to the Annual Transactions. This motion should not, and, after carefully considering it in all its allied detail of expense of publication

and salary of editor, I believe will not, prevail. For the present at any rate it is dead. Let her r. i. p. !

One of the logical and much-appreciated papers of this session was one by Dr. Geo. B. Peck of Providence, R. I., which indicated the present condition of homeopathy in this country. It contained a mass of statistics in itself evidence of the wonderful care and patience of Dr. Peck, but which was a splendid showing for our school in all its branches. He recognizes as homeopaths only those who aim to cure the sick by the administration of a single remedy selected upon the principle of similars and sufficiently attenuated to avoid aggravations. He showed that in the different sections of this country homeopathy prospers according to the intelligence of its inhabitants. Thus, Massachusetts best educates its children, and thirteen and a half per cent. of its practitioners are homeopaths; while North Carolina affords the least, and there we number but one-third of one per cent. Indiana's native-born is but half as well educated as Illinois', and consequently she has less than half the proportion that obtains in the latter State. He also showed that the rank and file of the profession are true to the essential principles of homeopathy, and have their reward in that while they do almost exactly the same amount of work as the average allopath, they make out but one death certificate to his two. Finally, he pointed out the fact that last year the Institute committed itself to pure homeopathy and if it ever departed therefrom it would be forever disgraced.

Several times during the reading the applause was so spontaneous and generous that Dr. Peck was almost overcome and was in momentary danger of breaking down. One touch of homeopathy makes the whole Institute kin.

The Institute is always conservative. It will not permit itself to be pushed too far. It promptly puts its leaden foot on anything that presupposes the undoing of established customs and manners. It fights shy of any effort to disturb its supreme serenity. The Intercollegiate Committee, at last, will permit a profane outsider to examine its doings—so I have been told. It will not—back to the Institute again—permit any unjust discrimination in reference to an applicant's previous history and condition of servitude. The proper committee wanted to know a good deal about an applicant's preliminary qualifications for the study and practice of medicine, in addition to the fact that he was duly registered and granted permission to practice medicine where he was located. The passing of such a restrictive clause would play havoc with a good many of the old practitioner's

who had no previous preliminary education except as an exhorting Methodist preacher,—but who in over ten years of active medical practice had lived down his former profession and reputation. The killing of this motion was right. Not what a man was, but what he is to-day ! There are none of us so good *to-day* who would care to have our past agitated and blazoned to the world. Let it rest.

The definition of Dr. Porter was, in our estimation, unnecessarily mutilated. The intention, of course, was good ; but the floor of hell, etc., etc. There has been injected into the belly of famous definition the words : "and observes the law of similia," and with that admission and injection the word-carpers will now be satisfied. Yes ? In our belief, the definition has not been improved, and it has put to ridicule all those who have, up to a recent date, in this country and abroad, put the laurel of consent upon Porter's snowy—snowy not by reason of age—locks. But our own objection still holds, if it ever held—namely, that homeopathy is made the handmaid of allopathy. Study *first* homeopathy, *then* add all the other things that heart and emergency require or suggest. It was Porter's own request, however, that the line in observation was added. Dr. Bowie tried to have the Institute understand that this definition was an unnecessary cumbering of homeopathy, since the Organon of Hahnemann clearly defined what is a homeopathic physician. The Institute, however, would have none of his suggestion ; and on the plea that it benefits the young man, and inferentially that the colleges do not teach it to him, the amended definition was passed. Will it be again amended next year ? Is Peck sure that it will satisfy all the people ?

Why didn't someone whisper to Bushrod James that the proper word now is *curentur* and not *curantur*. It only shows what habit will do. He has been so long accustomed to saying it as Hahnemann said and wrote it, that it is a little difficult to unroot it. In time he will no longer offend. How does he spell the title-word now, with or without the diphthong ? Let him beware ! And how some of the gray-haired wheel-horses of homeopathy shied when that line was sought to be introduced into the Porter definition ! Some of the young men were moved to ask the cause for this insane terror. Are these older members in the Synagogue of Homeopathy practicing aught but homeopathy that they rise and object ? And what a pitiful lack of knowledge of homeopathy they display when they insist upon regarding surgery and gynecology and all the varied and variegated barnacles of alleged modern homeopathy as opposed to the proper and sensible practice of



Hahnemann! In all kindness we suggest that they read prayerfully and with fasting the first thirty paragraphs of the *Organon* not necessarily for publication, but as an evidence that they know hereafter of what they essay to speak.

The International Homeopathic Congress at Paris came in for several black and discolored optics. Kinne proposed that Helmuth, McClelland, and Kraft (who were known as certain to attend) be appointed special representatives to that Congress from the American Institute of Homeopathy. And at once, as is always the way with an unimportant matter, the eloquence of Cicero and Demosthenes was invoked to show that dangerous partiality was imminent in such appointment. And the iridescent sparks flew right and left for a quarter of an hour. Finally the addition of B. W. James to this trio, and the promise of ordinary delegateship to all others who went, quieted the forensic storm, and peace once more settled upon the troubled deep. Dr. Bushrod James announced that the International Committee had already exceeded its limit of proposed subscription by about three thousand francs; still other amounts would be received and applied to the further ornamentation of the tomb.

A pretty poem from F. H. Orme was read by Dr. Bushrod James, entitled "As I Grow Old." Dr. Mohr made an effective and almost pathetic report upon the imminent decadent nature of *materia medica* in the Institute. Ah, the Institute had not thought of that, amid the grandeur of the monument celebration! Five members of *materia medica* against almost a hundred whose hands, if not absolutely against the *materia medica* section, are held supine and indifferent.

Gentlemen and ladies, that monument in Scott Circle means Homeopathy—not Gynecology and Surgery! Have you ever thought of that? Think of it, please, and soon—Lest we forget, lest we forget. The promises crystallized or granitized in that wonderful art creation mean more than the surface indications promise. Would Hahnemann sit long in his classic pose and contemplative mood, could he look into the practices of his confessed followers? Have a care, brethren and sisters, that this monument fall not upon us like the tower in Scripture and utterly destroy us because of our unrighteousness and deceit. As Dudley said to me, the monument is an incentive to better things—not in Gynecology and O. and O., but in Homeopathy. Stretch hands across this sea of Indifference and Science, and become again brethren in Homeopathy.

And they stirred the deeps of Father Paine

so that he raised his voice in inarticulate anathema. He wanted some report embodied in the *Transactions*, and Kinne, on the ground of illegality or irregularity, objected. But Father Horace had his way.

A pathetic letter was read from someone speaking for our suffering brother Clitus S. Hoag. A motion prevailed, dictated in the feeling and beautiful diction of Kinne, that Dr. Hoag be apprised of our sorrow and hopes.

It was good to have been here. This was, and will continue to be, the historical meeting of the Institute. I cannot forecast when or where in the next century any event can be up-conjured that may obscure the glory of this monumental year. As the years roll by, this session will be more and more often referred to as the grandest epoch in homeopathy. Every member who has been here has felt the touch of the vanished hand of Hahnemann. It seemed to rest in blessing upon each of his sons and daughters. And America governmentally has at last, and first, committed itself to a recognition of homeopathy.

And this brings me back to our Institute Demosthenes—T. Y. Kinne. It goes easily that he is the idol of the Institute. He is ever ready with motion, resolution, speech, or repartee. His words are invariably apropos, and his wonderful imagery and poetry almost illimitable. His frequent pathetic references to absent and suffering members were replete with beautiful sentiment, as beautiful worded and equally beautiful spoken. He is master of oratory, as he is master of parliamentary practice. It was good to have him with us again, after several years of absence. He took his place as leader in debate as naturally as if he had never been absent. His wonderful felicity in language, supplemented by his handsome presence and clear delivery, insures and assures him a ready hearing and the guerdon of applause. His tribute to the Local Committee was a literary mosaic that ought not to be buried in the *Transactions*. Some of us of the elders could not but remember the time when Dake and Talbot and Mitchell and Hall and Ludlam, and other now immortal members, stood upon the floor of the Institute and watched over its destinies with ever-watchful eye, and a suspicious drop of moisture dewed its way along, while a sob would find utterance. The old guard is rapidly passing away. They die, but never surrender. Age makes but little inroad from year to year upon the living; but Death, with unrelentless scythe, cuts us down in the flower and fruitage of our labors, when least we expect his presence. God grant that we may all meet many, many more times around the campfire of this dear Institute,

and that when we too join the procession of Immortals, all may feel that we have added our mite to its upbuilding and eternal greatness.

THE MAN WITH THE AXE.



## Globules.

The *Homeopathic Student*, being the class publication of the Chicago Homeopathic College, in reporting the Commencement exercises, has considerable difficulty with Dr. Hanchett's name. In one place it is Hladchett, and in another, Hatchett. But his remarks were good and very appropriate, as they always are.

One of the prettiest and daintiest of State society programmes which it has been our privilege to see for many a weary editorial day comes to us from California, being the notification of the meetings of the California State Homeopathic Medical Society in its twenty-fourth annual session. It is printed upon excellent paper and in red and black. Whoever was "guilty" of this bit of beautiful art work will please accept our sincerest congratulations. It is handsome, and no mistake. The meetings were holden in the Marble Hall of the Palace Hotel, and began on the 9th of May. The programme is filled with the names of famous authors and equally famous papers. There is a good deal of enthusiasm being injected into the California Society. Hope they had a good time and enjoyed themselves.

"The Advantages of Fraternal Associations," by John Prentice Rand, M. D., of Monson, Mass., lies before us in reprint from the *North American Journal of Homeopathy* for February, 1900. His reference to the absurdity of State examination laws has already been referred to in these pages. We heartily approve of his suggestions; but while we do so we emulate that great statesman of Massachusetts, George F. Hoar, who, though most masterfully condemning the Philippine policy, on the vote stood by his party. We agree with Brother Rand on the justice of his strictures; but a sense of self-protection causes us to give tacit assent to a recently enacted law in Ohio which puts up the barb-wire as high as in New York. If we had not done this, soon Ohio would have been overrun with jackleg

doctors who had failed of passing examinations in New York and Pennsylvania, and were worthless even in other States. It is one thing to be theoretically right; it is quite a different thing to be able to stick to that theory.

At the 31st annual meeting of the Iowa State Society Dr. Frank J. Newberry was elected president and Dr. Edward R. Ames re-elected secretary.

Dr. Samuel F. Shannon of Denver has been appointed a member of the State Board of Medical Examiners of Colorado. Dr. Shannon is an able materia-medica man and will show his skill in his new position.

H. Registrar Aldrich reports a successful and enthusiastic meeting of the Minnesota Institute of Homeopathy. He also says that, thanks to the efficiency and care of Dr. Cora B. Eaton, the social part was made an unquestioned success. Lookin' at all of yez!

From a letter received from Dr. François Cartier of Paris we learn that the unveiling of the Hahnemann memorial over the actual body in Père La Chaise will take place on the last day of the International Homeopathic Congress, July 20. The same day the French brethren will give a banquet to their visiting friends.

It may be an impertinent question, but we hazard that phase of it to ask if any of the ultra-good homeopaths who have deified Hahnemann have contributed anything toward the erection of the McClelland monument at Washington? Or do they take out all their veneration and respect for our grand master in talk and extreme high potencies?

We are in receipt of an invitation to attend the marriage of Dr. John Perry Seward to Miss Edith DeCharmes Hibbard on Saturday, June 2, in New York. Dr. Seward was for a time editor of the "Materia Medica Miscellany" of this journal and was very efficient and popular. He afterwards withdrew to engage in similar labors nearer home. We therefore know him to be an excellent gentleman, thorough in every regard, and we wish him all the happiness to be reaped from his new relation in life. And we amend that by also including his bride in our well-wishes.

**Dr. E. Alfred Heath** of London, who has recently been elected to an honorary degree in Hering College, writes to say that in his paper published in this journal September 15 last, on page 296, column second, first line and sixth line, for *syphilitic* read *veneral*. We hope to meet the distinguished Doctor on his native heath before the close of the summer.

The Transactions of the Ohio Homeopathic Society appear upon our table and present a most creditable appearance. They are well printed and handsomely bound. The papers have been carefully edited, and those of them which have not heretofore appeared in print in the journals will be found worthy of early perusal. We congratulate the officers upon the handsome volume and welcome it to the book-shelf.

**Pack** your grip and leave your office for two of the hottest and duller months of all the year, and join our party for a trip to London and Paris. It will do you good. You will come back a better man, and your patients will welcome you all the more heartily for having taken a bit of rest. The professional man who never leaves his office year in and year out soon gets the reputation of being a poor doctor. Doesn't do enough business to spend a month or six weeks away with his patients in the mountains, or on the seashore, or crossing the Atlantic. To him who hath shall be given. People like to carry coal to Newcastle. Poverty affrights and associates itself with incompetency. Come along.

We note with sorrow the death in California of Dr. Leonard E. Pratt, father of the distinguished officialist, Dr. E. H. Pratt. We have had the pleasure of knowing Dr. Pratt, Sr., for several years, and are prepared to second all the eulogistic words which the *Pacific Coast Journal of Homeopathy* heaps upon his memory. We think our last meeting was at Denver when the Institute met there. One of his little pleasantries was about "his little son" E. H. Pratt. Thus wags the world. One by one the ripened fruit drops into the lap of Nature and is heard of no more of men. Let us so live that when we, too, are summoned to lay off the mortal we may be as ready to don the immortal as was good Dr. Leonard Pratt.

**A sewing-needle** two and one-half inches long was recently found in the vermiform appendix of a patient operated upon at Hartford, Conn., for appendicitis. The young woman remembers having swallowed a needle several years ago.

**Dr. E. A. Hulst** of Perth Amboy, N. J., has been appointed Health Officer of Perth Amboy at a salary of one thousand dollars. This position is a new one, having been created by the legislature last winter. The appointment runs for five years. Dr. Hulst has held other places of honor and trust, and is evidently much regarded for his fitness and skillfulness. He was formerly Inspector and secretary of the local Board of Health. We congratulate Dr. Hulst and his constituents upon the appointment.

The Southern Homeopathic Medical Association will meet this year at Knoxville, Tenn., a stronghold for homeopathy. The dates are October 16, 17, 18; and the Imperial Hotel is the headquarters. Arrange if you can to attend. Dr. Frances McMillan, the corresponding secretary, requests that we make a special appeal for young homeopaths to come South and help enjoy the fat of the land. She says she knows of no reason for shunning the sunny Southland with all its vast territory yet uncultivated by the homeopath.

The fiftieth anniversary of the New York State Homeopathic Medical Society will be celebrated by a jubilee meeting to be held in Brooklyn on October 3, 4, and 5.

In addition to the usual work of the bureaus there will be special addresses on the relation of homeopathy to each of these branches of medicine. There will also be a series of special addresses by eminent physicians from various parts of the country. The programme further provides for a banquet on the evening of the second day. The third day will be devoted to a series of clinics to be given at the various hospitals in New York City.

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# The American Homeopathist.

JULY 16, 1900.

FRANK KRAFT, M. D., CLEVELAND, OHIO, EDITOR.

## OUR PORTRAITS.



L. I. DANFORTH, M. D.,  
New York.

## THE ORNAMENTAL TWO YEARS.

THE crowding of the first two years of the medical college with too many studies is become a notorious and laborious fact. There is much complaint thereat. In former years, before the raising of the standard had made the colleges so becomingly scientific; when every student had a preceptor who for several years preceding the student's matriculation taught him the essential and practical things of the profession; there was but little to apprehend as to the success of that young man after he had been once safely launched upon the college course. Usually the preceptor had given him a

time-stained, thumb-worn *Gray* to begin with; some standard work on obstetrics; and another on practice; with frequent recitations. He was taken to the bedside; made an assistant in such general surgery as fell to the preceptor's share. He took care of the office, the horse and buggy, and the collections. There was little trouble with this young man when he came to school. He knew what it was to be with the sick; he had a good practical idea of the *trade*; and he was not floored regarding the first year's requirements. Now, since the colleges no longer require the preceptor, in the old meaning of that term, and since he is become merely a sponsor for the identity of the student and the payment of his fees, all this is changed. The colleges to-day take applicants without any preceptor, with no particle of medical knowledge; and when this young man comes to the first course of the college he is horrified with the extent and scope of "stuff" he is required to learn. Instead of studying medicine, as he had fondly thought of doing, he is put at work on branches which have but slight relation to the Art of Medicine in the acquisition, and hardly any in the application; and he believes himself unable to keep pace with the step set for him and his class by the college.

"Let me show you, doctor," said a student recently to his family physician, "what I was given for a task to-day. Here are fourteen pages of anatomy; here are twenty pages of histology; here are twelve pages of chemistry; and here is a chapter and a half of physiology. All that in twenty-four hours, when I have only about four hours in which to study. I am not 'hollerin',' if this is the real thing I am up against; but I do say it seems unjust to crowd us fellows with all this mass of stuff at this rail-

road speed—for no ordinary head can hold onto fifty pages of it for an hour at a time, when there isn't a practical thought in the whole 'shooting match.' If it is worth learning at all, why don't they teach it to us in the right way, and not ask us to read it for ourselves and then stand an examination on it to-morrow? This isn't any way to teach medicine, or anything else. I used to teach school, and I know I wouldn't ask a class of scholars to do this. I used to teach a class in physiology and one in chemistry, as you perhaps remember, doctor, before I went into the notary business. But the physiology and the chemistry of this college are about as different from the physiology and chemistry of my teaching as Sanscrit is from Hebrew. If it isn't worth teaching to us in a way to teach us something, why crowd it down our throats with threats and frowns and the like? I tell you, doctor, I don't think the college ought to accept a lot of wooden-headed sheep like half of the present class—and I am one of them. I don't know my own name when I am called on sharp and quick in the quiz for answer to some of the simplest of questions. Somehow we boys have got it into our heads that the Professors delight in catching us. But to get back to the studies. After reading this page of histology I get about as much sense out of it as I can get juice out of a last year's bird's nest. Why, I can't even pronounce the names of these bones and nerves and tissues and things, let alone learning how they are constructed and put together by the Almighty. I'm no fool, and I've kept my eye skinned to see what's what. There's that subject of bacteriology; more than half the Professors in the faculty don't take any stock in it whatever; and about forty per cent. of the remainder don't know a blessed thing about it. Still these men are our Professors; they are in practice and are successful. What does that mean? Take the microscope for another instance. Here we are required to look down a long tube and eventually discover the difference between a wiggle-waggle and a waggle-wiggle, and that's about the size of it. How is that to help me to be a good doctor—one of the doctoring kind? Take anatomy, again. There's a practical study. There's a study that ought to be in a student's hands every hour of the day in some practical

way. It seems to me a fellow couldn't get too much of that. The Professors think different. They shovel out a small section of *Gerrish* at us each day for study, just like learning so many verses at Sunday-school. Then they cut that off at the same time they drop off bacteriology and chemistry and physiology. Then, again, they treat us like convicts. When I ask one of these stiff-collared young Professors where thus-and such a muscle happens to be, when I am dissecting, or ask him to show me how to get at this or the other anatomical point, he snubs me with a frown and tells me to get the book and to look it up for myself! What's he there for, anyway, in that dissecting-room? Does he think we are children? Some of us are a dozen years older than he and have had lots more experience with the world. Yet that insufferable dude is put over us like a keeper on a penitentiary wall. I don't know, doctor, but it does seem to us boys there is something radically wrong in the college business. Now, you didn't have to study all this 'stuff,' did you? And you are a successful physician, I am sure. And that same thing is true of hundreds and thousands of other physicians who have been in practice and been successful with the sick. Why, then, do they tie us down to this rot? I didn't come here to study for a Professorship. Life's too short for that. Though if those green colts down at our place are samples of Professors, then there isn't much temptation for any of us. I have been a successful business man and I want to be a successful doctor. I want to learn how to cure my patients; how to set a broken bone; how to pump poison out of a stomach if it's got in there; and how to keep a baby from coming wrong end to."

Much of the above and foregoing is true. All is not. It helped this complainant but little to tell him that he would not be held to a very strict accountability for lapses in the first two years' studies, except in anatomy. That they were adjuncts copied from the old school, and by them "cribbed" from the scientists. That some of the younger Professors were still very green, and thought the whole medical world revolved about them and their knowledge. That these ornamental branches were required by the State examination boards, and were, therefore, incorporated in the curriculum. That he would

later get into the practical branches and be satisfied. That he would in time issue from his college a well-educated man, able to cope with the doctors of any or all schools, because to-day the homeopathic colleges taught everything—and some of them even taught homeopathy. Being a practical man, he held his family physician pretty close to the grindstone of argument.

The question which obtrudes is the unbusiness methods adopted by some of the colleges. Why not make the first year or two palatable? Why snap off an honestly enquiring student with the injunction to look it up for himself? Why not meet the student and help him? Surely the top-heavy Professor would not lose his little dignity if he helped a student asking for more light! If it be necessary to go through the motions of filling our college curriculum with this array of wisdom, would it not be the part of policy to endear it to the student and not throw it at his head? Conduct of this sort isn't even ordinary common-sense "business."

This young man, suitably encouraged to go on, may some day issue from that school duly graduated with all his honors blushing thick upon him. He may in time be able to give the names of all the various and variegated colonies of bacilli known to the crankiest of bacteriologists; but will he really be as practical and helpful in the sickroom as the graduate of ten or twenty years ago, who served his practical apprenticeship with a hard-headed, financially successful physician, and then took two years in a MEDICAL college whose chief and sole business was the teaching of medicine and surgery? The raising of the standard is desirable in every way. No one will cavil at that. But are the most recent advances chronicled in the books and press really in the line of increasing the skill and success of the physician? Are we not drifting into an era of higher criticism, all names, and symptoms, and disease, and technique, and forgetful and neglectful of the patient: an effort to prove that the moon is not made of green cheese, meanwhile neglecting the actual cheese?

### THE PART THAT SULPHUR<sup>200</sup> PLAYED.\*

By A. BEIL, M. D., Bangor, S. D.

IN Allen's "Handbook," p. 1057, you may find the answer:

"Sulphur is frequently valuable in acute diseases, when the carefully selected remedy fails to act; on account, probably, of constitutional disease. A few doses of sulphur will modify the condition so that the indicated remedy can antidote the acute trouble."

In H. C. Allen's "Keynotes," p. 277, you may read:

"When carefully selected remedies fail to produce a favorable effect, especially in acute diseases, it frequently serves to rouse the reactive powers of the system."

And in Nash's "Leaders" I find:

"The truth stands confirmed that it has power to meet and overcome certain obstacles to the usual action of drugs, when indicated by symptoms, . . . because psora is the obstacle to be overcome," etc.

I would like to quote Nash in its entirety, as he expresses my views better than I could myself, but I forbear. Buy that book, doctor—it's a regular Klondyke.

Now, whatever our theory may be,—whether sulphur modifies constitutional conditions, or rouses the reactive powers of the system, or overcomes and counteracts psora,—the fact remains that sulphur is a wonderful agent in the conditions aforementioned. I would like to know, however, why the 200th is so effective? I have used the 30th, the 100th, and 63<sup>m</sup>, and never found anything remarkable about the result; there was always the strong doubt whether it did anything special; but since I used the 200th, B. & T., I *know* that sulphur can do what Nash and Allen say it can. In an acute case, like Dr. R.'s, I certainly would not wait five or six weeks before I would give the sulphur. In an acute case I change the remedy in twenty-four hours if no symptoms of amelioration are perceptible; and I have often changed in two or three hours, following as closely as possible Jahr's rules as laid down on p. 19, Preface to his

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A correspondent of the *Medical World* claims that half-an-ounce of bi-sulphide of carbon well rubbed in over the painful parts will cure sciatica or lumbago in just two minutes.

\* This paper was suggested by a paper entitled "What Part Did Sulphur<sup>200</sup> Play?" by U. W. Reed, M. D., Topeka Ind., appearing at page 123 of this year's issue.



"Forty Years of Practice." (And let it be spoken, printed, and known to all mankind, especially homeopaths: I have made more money, directly and indirectly, out of Jahr's "Forty Years of Practice" than out of the rest of my library taken together.)

Like Jahr, I use the 30th, with but few exceptions, in acute cases every one or two hours; anything that smacks of chronicity, one to three times a day. Then if an intercurrent remedy is needed, that I believe should be given in the 200th—because the obstacle to a cure, to be overcome by the intercurrent, is on a different plane, let us call it a deeper plane, than the superimposed acute condition, and therefore it takes a deeper-acting potency to reach this deeper plane.

The aggravation in Dr. Reed's case was doubtlessly due to the twelve doses of the 200th when one dose would have been sufficient. I give one dose, two drops in a little warm water, then lots of placebo, and four to twenty-four hours of time to do the business; then the previous remedy is continued. I have proved that to be very successful, reconfirming the assertions of the old masters of the art of healing. So successful has this been that I have adopted the following plan: When I am called to distant points, fifteen to thirty miles away, I stay some hours, sometimes over night. The indicated remedy always produces some change for the better, however slight, still enough to leave the patient to continue the same. If, however, there is any doubt in my mind, due to some points in the history, personal or family; or if there are symptoms or complications which I cannot place or account for, I put two drops of sulphur 200 on a powder of sac. lac., with the direction, "If you do not get along and improve as I told you—if you come to a point where you do not improve any further—if you feel like sending for me again, then take this powder and wait so many hours before you send for me." And when I cannot leave placebos I sometimes tell them, "This is a powerful remedy which must not be taken but on strong provocation; destroy it if you don't use it." I have saved several trips by this plan—and had more than one call for another of those "powerful powders"—the first one having done so much good.

Such is the power of sulphur.

To illustrate I will take the following case from my casebook:

Mrs. D. H., twenty-three, brunette, medium height, primipara.

April 9, 1899. Very tedious labor, child stillborn; placenta removed immediately after conclusion of the second stage (!).

April 12. Fever apparent; vaginal injection; lochia very scant and light in color. Chills, sweats alternating, and fever rising right along till April 21. Treatment alkaloidal—nuclein, strychnine, digitalin, aconitin, etc.

April 21. The attending physician called for consultation. My name being mentioned, it was declined absolutely on the ground that "Dr. Beil has not the experience necessary for such dangerous cases." An enthusiastic young surgeon, vintage of '97, was communicated with. But by midnight the young husband's faith and patience gave out, and I was hustled to the bedside to take charge. Examination showed temperature 105.2°; pulse 112. Severe chill at the same time. No sign of lochia; vagina hot and dry; breasts heavy and hard—all for many days. Diarrhea for two days. Has not slept for ten days. Sleepy, but cannot sleep; cries for rest, but must change position continually. Tongue flabby, with fiery-red tip; thirst insatiable, extreme weakness, very apprehensive, and always worse after midnight.

While I was getting the history of the case I watched the patient's actions, and the similarity to rhus tox. kept impressing itself more and more. Asked at last whether I had any hope, I said "Yes," and prepared rhus tox. 30th, five drops in half-glass of water, teaspoonful every half-hour. We began at 3 A.M., April 22. The only puzzling feature of the case was an eruption of vesicles and pustules all over the patient, worse on the chest.

I went home 6 A.M. Temperature began to decline at 4 A.M., 105; 5 A.M., 104.8; 6 A.M., 104.6; 7 A.M., 104.4, and copious epistaxis occurred (!); 9 A.M., 103.4.

10 A.M. The surgeon arrived, my predecessor also—consultation and examination were allowed (!). Decision: "Only an immediate operation will save her life, and even that is uncertain." At this point both gentlemen were

informed that Dr. Beil had charge of the case. (Tableau !) During the excitement of much examination and consultation the temperature had gone to 104.4. 1 P. M. was sent for again, and had to counteract the damaging and unanimous expression of doctors and nurse, that patient had to die. Incidentally I will register my solemn belief that there exists in the hereafter a particularly red-hot place for young doctors and old nurses who condemn a weak patient to die in his or her hearing. To willfully trample on the hope that springs eternal in the human breast is murder in the first degree—but I digress.

I added to the rhus tox., nuclein (Aulde), two granules every hour—as much for the moral effect of giving something besides “water” as for any other property it is supposed to have—and it has great value. 3 P. M., temperature 103.7; pulse 100. 3.30, chill began. 4 P. M., temperature 104, chill lasting till 4.30. 5 P. M., temperature 103.7. Patient having taking no nourishment for days, a half-teaspoonful of Bovinine was given every hour. Temperature, varying from 6–11 P. M. between 103.2–103.8. At midnight 104; patient became very restless, had some chills, and sweat was excessive.

April 23. By 3 A. M. temperature began to go down, until by 8 A. M. it was 103.2; pulse 98. I now considered her strong enough to stand a little exertion; gave a copious hot vaginal douche and changed the patient's linen. 11 A. M., temperature 103.8. Here I tried rhus tox. in the 3d every hour. 2 P. M., 103; 4 P. M., lochia started, pink in color and of a most horrible odor of decomposition. Patient complained of terrible nausea. R, nux. vom. 3, dose every fifteen minutes in an hour. 5 P. M., 102.8. Believing my case to be safe, I now tried rhus tox. 1000; but the temperature getting back at 11 P. M. to 103.6, I went back to my first love, rhus tox. 30, and by 12 P. M. temperature was 103 again.

April 24. 6 A. M., temperature 102.4. Lochia stopped, and in their place a violent sweat broke out that smelled like decomposed—not to say rotten—lochia. 9 A. M., temperature 102.9. Patient very low. “Can nothing more be done for me, doctor? Have I got to die, doctor?” she kept saying. Really, I believe if I had been

within reach of any of our homeopathic giants I should have been glad to pay his expenses out of my own pocket could I have got him in an hour! None of you in the large cities will ever know that helpless feeling of a poor country homeopath—a thousand miles from the nearest *confrère*—face to face with the crisis that means life or death to the patient, success or failure to your practice—shame or glory to the banner under which you have elected to march single-handed against our friends the enemy. But—“Maulspitzen hilft nicht, hier musz gepffiffen werden.” I had to do something. The indications were for rhus tox., never for anything else—watch for them as hard as I would; but there was an obstacle to its curative action.

So I smilingly assured the patient that I was fairly loaded with expedients, and mixed sulphur 200, B. & T., 2 drops in warm water and gave that. Then I mixed 15 drops of alcohol and 4 ounces of hot water, and gave a teaspoonful every 15 minutes by the watch. In one hour the sweat stopped. The temperature moved down, down, until at 12, noon, it reached the lowest point yet—102°; 1 P. M., 101.4. Now, the patient feeling much better and stronger, I gave a rectal injection of 2 quarts of one per cent. lysol; and the returns, although but liquid, did beat anything I ever smelled before or since, and the temperature went to 102.1. I now considered the obstacle removed and the call to be rhus tox. 30 every hour. The correctness of the theory was proved by temperature going downward again, gradually, until at 8 P. M. temperature was 101. Here the first sleep in 12 days occurred, lasting 15 minutes; patient could hardly be persuaded to try to sleep again—the awakening being accompanied by such a realistic sensation of having died. 10 P. M., temperature 100, varying between that and 100.8, and getting several hours' sleep.

April 25. 3 A. M., 99.8; 9 A. M., 100.4. Gave another rectal injection, as patient began to get hopeless again and felt very bad. Temperature at 10 A. M. rising, 101.2. Here we were at a standstill again. And again I gave sulph. 200 as before, and again did sulphur win; temperature going down to 99° during the afternoon. 6 P. M. I put her on rhus tox. 30 once more; went home and had one good night's

sleep myself—the more so as I had had the nurse fired!

April 26. 9 A. M. went to see patient. She was another woman entirely. The lochia had started about 5 A. M., and though pale were of normal odor. The despair of recovery had given place to hope. Several hours' sleep had made her stronger and talkative, and the conversation following brought the riddle's solution.

Five years ago she was severely poisoned by ivy-poison (we have lots of it hereabouts). Her life at the time was almost despaired of. The treatment consisted of the external application of spirits of nitrous ether and sugar of lead washes. It drove the poison in, and it cast itself upon the nobler organs.

*Proof:* Menstruation has been disordered since, and the stomach would rebel every year in the spring. No treatment did any good. Nature tried to throw off the poison by the skin also every 'spring, but it was always promptly cured (!) by the washes that had saved her life before, and then the stomach would have to stand the brunt of it all. There would be colic, cramps, cold clammy sweat, diarrhea, and vomiting—a picture of *veratrum*, which I gave without doing any good in August, '98. I was not looking for obstacles then—*ergo* homeopathy was no good and Dr. B. was no good, and the doctor who saves people's lives with lead washes was called in for the things that call for experience! But outraged Nature had her innings at last; when the great trial of labor arrived Nature threw the ivy-poison once more to the surface, and none of us knew it, though we saw it all over her! Puerperal septicaemia staring the others in the face, ivy-poison was overlooked. Yet the symptoms were *rhux tox.*—they could not have been anything else. When I gave the 30th I unconsciously struck the right curative potency—I got on the exact plane of the disease. When I gave the 3d it was *not a simillimum*, but so near the *same thing* that the aggravation reproduced the stomach trouble, hence the nausea on April 23. *Nux vom.* 3d, being on the same plane as *rhux tox.* 3, repaired the mistake in an hour.

Now, like Dr. Reed, I confess I am inclined to ask the same question—"What part did sulphur 200 play?"

I am rather in favor of the answer:

The patient having been brought very low by reason of severe acute illness, as well as the effect of the chronic ivy-poison, her vital energy was not sufficient to bear up under the additional strain of a similar yet somewhat stronger disease (according to the *Organon*). Sulphur roused the reactive forces, and the indicated remedy continued the work.

To finish the case:

April 26. A normal voluntary stool settled the bowel question. Temperature varied between 99 and 100.6. *Rhus tox.* 30 and Bovine were alternated every hour. Slept both during afternoon and night. Lochia normal.

April 27. Temperature varied from 99 to 100. *Rhus* every 2 hours. Bovine every two hours. Added chicken broth and milk.

April 28. Eruption fading, vesicles drying up, breasts softened by oil-massage. *Rhus* every 3 hours.

April 29. Temperature normal, 99; everything improving. Discharged myself from personal attendance just 7 days from the time I took charge. Patient taught school that same summer.



### INDICATIONS FOR THE TREATMENT OF CHRONIC NEPHRITIS. ARE THEY PATHOLOGICAL OR CLINICAL?

By GILES F. GOLDSBROUGH, M. D., Assistant Physician to the London Homeopathic Hospital.

I CHOSE the title announced above my name that I might have a guiding thought for the arrangement of my remarks.

In a consideration of the pathology of chronic kidney disease, "it is to be borne in mind that the kidney of tubal nephritis is not divided from the granular kidney by any abrupt separation or essential difference in the pathological process by which the two are produced. One may pass into the other." These are the words of Dr. Dickinson, and I take it that both the large white kidney and the granular kidney are to be included under the designation chronic nephritis.

Although, as regards causation, the state of renal function, symptoms, duration, and complications, typical cases of each variety may be



wide apart, the majority of cases coming under observation, if at the time of observation they lead to the diagnosis of granular kidney, would at some period of their history have exhibited evidence of swelling, infiltration, and change of color characteristic of the large white variety. And, on the other hand, cases leading to the diagnosis of the latter form would, if life were sufficiently prolonged, change in greater or less degree into the granular form.

In the practical consideration of the subject as to which variety of chronic nephritis faces the practitioner, the pathological diagnosis is of importance chiefly from the point of view of prognosis; and in the absence of clinical indications, if the diagnosis can be made, it may be of service in guiding the patient's residence in a particular climate or regulating his diet and mode of life.

The prognosis in the large white kidney I take to be much more immediately grave than that in the granular form of nephritis, although a statement of this kind, apart from the clinical history of the case in question, and more especially the state of renal function tested over a considerable period, is not of much value from the therapeutic standpoint. Necessarily, in arriving at a diagnosis, important inferences as regards renal function would have to be drawn, so that in treatment clinical indications are never ignored, but the burden of what I have to say is that the clinical indications are the only true guides to the treatment in each case, whether this is considered under the head of the patient's immediate needs, or under a proposed selection of remedies according to the rule *similia similibus curentur*.

The pathology of chronic nephritis guides to its true nosological classification among other varieties of kidney disease, and in this manner leads to a group of drugs, such, for example, as arsenic, lead, picric acid, etc., etc., out of which, from time to time, one or more can be selected for use; but beyond that, it seems to me, pathology cannot go.

It would be a trite remark to say a man can lead his ordinary daily life for a considerable time with chronic nephritis and never be aware of its existence, and were he to consult his physician the latter might still remain in a like

state of ignorance until he had examined his patient's urine. On the other hand, the existence of chronic nephritis is sooner or later almost certain to lead to serious symptoms and secondary pathological changes, so that the discovery of its existence is extremely important for the welfare of the patient. In other words, "*the chief aim of the physician* in the treatment of the disease is the prevention of serious symptoms and secondary pathological changes." It is to this point I wish especially to direct attention. The treatment of renal dropsy, cardio-vascular changes, retinitis, uræmic vomiting, asthma, and convulsions form special subjects for consideration, and require special measures to cope with them, in addition to the attack or the original malady; and our aim must be never, if possible, to allow our patients to reach those stages. Although, perhaps, his original malady may prove to be incurable, our duty lies in preserving what kidney health he has, and, if possible, increasing this.

Dr. Rose Bradford, in recent interesting lectures on the subject of the pathology of the kidneys, has pointed out that only a very small portion of kidney is really necessary for the maintenance of a fairly adequate renal function, if this portion is healthy. In view of this fact, in cases of disease the greatest importance is to be attached to an early diagnosis and an estimation continuously and repeatedly made as to how the renal function is being carried on. This estimation is based on an inclusion of all the clinical data available. I have had a case under my care for more than twelve months, in the out-patient department, which in my opinion will illustrate this point. The man, I believe, has chronic nephritis with some contraction of one or both organs. He is an intelligent man, and acquiesced in the request that he should measure his urine every day and bring me a record of the daily quantity and a specimen at every attendance at my clinic. The following is a brief history of the case, and I have reduced my notes of the progress of the disease to a tabular form, so that the points I wish to insist on may be more apparent.

T. E., aged sixty-three, ironmonger, came on September 15, 1898. He gave a history of influenza in January last, which was followed by

bronchitis, and since then he had had œdema of the legs. He complained of dyspnœa, weakness, and pain round the loins. His heart's action

treatment as an out-patient until November 17, when I admitted him as an in-patient under Dr. Blackley. He was in the hospital until December 15, when he was discharged much improved. He has been attending as an out-patient since that time.

A number of interesting points are suggested by a glance at the table.

First, as to the quantity of urine passed. The figures given are the average drawn from the number of days and quantities furnished by the patient. This is not far from normal, and probably shows a fairly normal variation for different temperatures, different quantities of fluid taken, and different degrees of exercise. We are not considering diagnosis, but a remark may be made in passing that the quantity taken along with the specific gravity and amount of albumen is in favor of the diagnosis of the granular kidney.

Second, as to the specific gravity. This is to be taken as the best test of the adequacy or otherwise of renal function, and I want to suggest that this function in my patient has repeatedly, and more or less continuously, been aided by the administration of the liq. arsenicalis. You will note my remark as to this on the three separate occasions when the drug was remitted and then begun again. Taking 1015 to 1020 as a normal specific gravity, the renal function has been not much below the normal adequacy except on the occasions when the drug was omitted. I have not been able to make an accurate quantitative examination of the amount of albumen, urea, or chlorides. The albumen has been estimated roughly, and I have relied on the specific gravity for an indication of the elimination of urea.

Third, albumen. For purposes of treatment the albumen in this case may almost be taken as a quantity to be neglected. The fact that it is present and does not vary much is of diagnostic and prognostic value. It is also a symptom in the totality, but not a characteristic one, if an acceptance of the diagnosis of nephritis had already been made.

As I have said before, what I wish to illustrate is the prevention of the pathological sequences of nephritis, which are the really serious elements in the disease. The pro-

Date.	Quantity per diem.	Specific Gravity.	Albumen.	Other Symptoms.	Medicine.	Remarks.
Dec. 15	64 1/2.	1016	Slight	Attack of vomiting; Bronchial catarrh	Plum. Met. 6	
" 29	56 "	1016	More albumen	Constipation	Rp. Liq. Ars. mj., t. d.	Sp. gr. affected by medicine
Jan. 1	44 "	1008	Less	Vertigo	Rp.	
" 26	48 "	1016	Slight	"	Rp.	
Feb. 9	42 "	1020	"	Dyspnœa	Rp.	
Mar. 2	48 "	1018	"	Dyspnœa, weak, nervous	Kali Iod., gr. i., t. d.	
" 10	48 "	1018	"	Attack of asthma	Liq. Ars.	
May 11	53 "	1015	"	Asthma gone, pains in joints	Rp.	Sp. gr. affected by medicine
" 25	52 "	1015	"	Asthma, pains in loins	Rp.	
June 15	44 "	1014	"	"	Rp.	
" 29	45 "	1010	"	"	Rp.	
July 27	40 "	1012	"	Pain in knee	Canth. 3	
Aug. 24	38 "	1015	"	Cramp at night	Kali Iod., gr. i., t. d.	
Sept. 7	44 "	1015	"	"	Rp.	Sp. gr. affected by medicine
Oct. 12	53 "	1012	Slight	Asthma	Kali Iod.	
" 26	56 "	1016	"	"	Canth. 3	
Nov. 9	48 "	1010	"	Attack of vomiting, pains in loins	Liq. Ars.	
" 25	56 "	1012	"	Dyspnœa	Kali Iod., gr. ij., t. d.	
Dec. 14	56 "	1016	More albumen	Severe attack of vomiting	Liq. Ars.	Sp. gr. affected by medicine
" 28	41 "	1010	Faint cloud	"	"	

was normal. There is some œdema of the legs. He says he passes about three pints of urine per diem. The specific gravity is 1014, with albumen estimated at one-twelfth. He was under

nounced symptoms of the influence of arsenic upon the kidneys are scanty urine, containing albumen and sometimes hematuria. Profuse urination has been observed in some cases of arsenical poisoning. In my case we have moderately profuse urination, slight albumen, defective renal adequacy expressed in the altered specific gravity. I contend that the arsenic acted as a tonic to the healthy renal structure, and as such its effect is beneficial if not pursued too far. The questions I invite for your discussion are these: Could the arsenic be responsible for the production of the asthma in this case? Would a higher dilution of the drug have answered the same purpose? I may add that I have come to regard the liq. arsenicalis B. P. as a more reliable preparation than our 1c and 3x preparations.

In conclusion, I should like to invite your attention to the use of two other drugs which in my hands have been of considerable value in chronic nephritis. These are apis and picric acid. The value of apis was remarkably illustrated in a case sent to me by Dr. Münster—a child of three, who had nephritis for some months and had been receiving arsenic previously to coming under my care. The disease probably followed diphtheria, and had been existing some months when the patient was admitted. The urine was scanty, with a considerable quantity of albumen, and œdema of the face, trunk, and extremities was the most prominent symptom. The child was admitted on September 29, 1898. She was kept in bed and given apis 3c every three hours and a diet of milk only. The œdema disappeared in a few days, the albumen rapidly grew less. It was all gone in a fortnight, and the child was sent home cured on October 22. The resident medical officer, Dr. Pritchard, made the following note on the case: "The apis acted splendidly." I am aware that there is nothing new in this, but it adds one to the triumphs of apis mellifica. I would suggest that apis may be specially indicated in the transition from acute to chronic nephritis and when there is much œdema present. Picric acid I believe to be useful in Bright's disease when the characteristic blood state produced by the drug contributes its quota of symptoms to the case.

I have used it in such cases, and would mention one specially, a man, aged sixty-eight, with a history of gout, suffering from the large white kidney. The urine was diminished in quantity, specific gravity low, from a fourth to an eighth albumen, lower extremities œdematous, accompanied with anæmia and much prostration. Picric acid, in this case, in the 6th dilution, appeared to raise the specific gravity and reduce the albumen, and caused an improvement in the general health. The patient lived two years after coming under my care, the œdema and profound anæmia and weakness eventually carrying him off. I may add that a lower dilution than the 6th of picric acid appeared to aggravate the condition.

These remarks are extremely fragmentary, but in view of the point that, in the treatment of this disease, our primary and constant aim is to take care of and to foster the healthy renal function of the patient as afforded by the clinical indications, I trust they may not be thought unworthy.



### A STUDY IN SCARLET.\*

By WILLIS E. BUCK, M. D., Kingman, Kan.

IN presenting this paper I wish it to be remembered that it is a "*study*," and that I am not writing as an authority. Much of the paper is the outgrowth of my own thinking, and while I have endeavored to back my arguments up with authorities, I have not hesitated to put in my own ideas when I could not find authorities to agree with me. My mind is open to conviction, and any errors I may make I hope to have corrected by counter-discussion.

The most common hemorrhages we have to deal with are from the lungs, nose, bowels, kidneys, and uterus, and of these hemorrhages we have the active and passive. Of the first class, they generally come with suddenness; when from the lungs or womb they come with a gush and a rapidity that make it imperative to do something quickly, if done at all, and the remedies and means used must be to stop the flood-gates by constriction.

Other hemorrhages are more of a passive nature, slowly and gradually draining the patient's

\* *Medical Arena*.



vitality away—slowly, but surely. In these latter is where we can use our homeopathically acting remedies best.

There are two principles on which remedies act. The first is the primary or physiological action, and the other is the secondary or homeopathic action. These two actions we want to keep in mind when we are prescribing remedies. If we give a remedy low, or in the crude, when we want to get the homeopathic action, we will be disappointed, because we will get the opposite action from that wanted, or no action at all; and so, in giving remedies for hemorrhage, one should not give remedies low whose primary action is to cause hemorrhage. If, however, you feel you cannot get action from a secondary remedy soon enough, you would better give a remedy whose primary action is to contract, constrict. We would not think of giving ipecac in physiological doses, because the primary action of ipecac is to relax. If the arterioles are open and relaxed and we have a bright red flow, with nausea, we should give ipecac well diluted, and probably the more diluted the quicker action, for the action would be homeopathic, and the greater the dilution the more accessible it is to the system.

The primary action of arsenicum, for instance, is to kill tissue cells, and by breaking them down a low, passive hemorrhage is produced, and it would be madness to give arsenicum in physiological doses for hemorrhage. However, in a low, passive hemorrhage that is caused by broken-down tissue, like typhoid fever arsenicum in highly diluted form would be indicated. Right here comes in a very similar remedy—carbo veg.—which devitalizes the blood and exhausts the nervous system in its physiological effect on the system. This is indicated in hemorrhages from the lungs, not only in hemoptysis but in bronchorrhagia, as well as hemorrhages from the bowels. The eclectics use it a good deal for menorrhagia and metrorrhagia. To distinguish carbo-veg. from arsenicum patients, the former, while anxious, do not have the restlessness. Both have the violent burning, but in the arsenicum patient there is the irritability of fiber and mind, while there is a torpidity in carbo veg. There is a coldness—cold, clammy sweat, with collapse.

"In mercurius the red blood corpuscles are destroyed, the albumen and fibrine of the blood are lost, and consequently the coagulability of the blood is diminished" (Cowperthwaite). We infer the hemorrhage from mercurius because of the thinness of the blood and slowness to coagulate. It will ooze through weak and broken-down mucous membranes. Well we know that no remedy has more vitalizing power than mercurius when given in a triturated or diluted form, and it would be only in this form we could give it for hemorrhage. Mercurius is mentioned by Lilienthal, with other remedies in the list, as being indicated in persons who have been weakened by depletion and loss of animal fluids. Farrington says of mercurius: "It is often called for in nose-bleed, particularly when the blood coagulates and hangs from the nostrils like icicles. The same indications apply to uterine hemorrhage when profuse, dark, and clotted."

Now, there seems to be a conflict and a breaking in on our reasoning. But we think we can explain the seeming conflict. Your weakened, scrofulous patient, with glandular swelling, sore mouth, and other conditions to make up your mercurius patient, is losing albumen through the same channels he is blood, and as soon as the mixed fluids come in contact with the atmospheric air a seeming unusual amount of coagulation takes place on account of the albumen.

Another class of remedies produce hemorrhage by irritating the mucous membranes, such as cantharis, terebinthina, mercurius cor., sabina.

These remedies set up such a violent irritation and inflammation that sloughing and bleeding occur along the mucous membranes of the kidneys, bladder, and urethra, the bowels and the womb, as well as the respiratory organs. It is more of a sleeping or oozing of arterial blood mostly; so that bright blood is mixed with the discharges. Turpentine acts most vigorously upon the kidneys, cantharis on the urethra, mercurius cor. on the lower bowel and rectum, and sabina on the uterus. However, they all affect all of these organs.

Were I to have a case of hematuria where the blood is thoroughly mixed with the urine, indi-

indicating that the bleeding comes from the kidneys, I would prescribe turpentine, and in accordance with my own experience would cure my case. Heaviness and pressure in the region of the kidneys, violent burning and drawing pains in the same region, would be additional symptoms that would be a help to confirm my choice. In cantharis, while it may be indicated when the kidneys are the source from which the blood comes, yet if the blood is rather bright red, and in streaks through the urine, I would think it came from the bladder or urethra. There would be intolerable tenesmus of the bladder, violent, cutting, burning pains in the neck of the bladder, extending to navicular fossa of the urethra; violent burning, cutting pains in the urethra before, during, and after urinating; urine scalds, passing drop by drop.

*Mercurius cor.* we think of first in bloody flux or dysentery. Very distressing, persistent tenesmus and cutting, colicky pains; after stool, burning and tenesmus of the rectum and bladder stools frequent, scanty; nothing but mucus and blood. "Great quantities of pure blood" (Bell). But here comes to our mind again *ippecac.* *Ipecac.* has the colic before stools, but it ceases after stools and while the patient is quiet. The stools are dark because they are mixed with bile, and the blood that comes is frothy, looking like very dark, frothy molasses.

*Sabina* is another one of those irritating remedies, expending most of its force upon the uterus, but we do have strangury of the bladder and bloody stools. The patient has menses too profuse, too early, and last too long; passes clots of blood after rising; hemorrhage from the uterus in paroxysms, worse from motion; blood dark and clotted.

These remedies are not given as an exhaustive list, neither have I given exhaustive indications, but have used them to show a class of hemorrhage-producing remedies by irritation.

I will now mention another class of remedies; those whose primary action is to stop hemorrhage. This property comes from their power to contract animal tissue. Chief among these remedies are tannic acid, gallic acid, *geranium mac.*, cinnamon, persulphate of iron, and sulphuric acid.

These are remedies used by allopathic physi-

cians, and they primarily act allopathically. There is no particular indication, only that you have a hemorrhage. When applied locally to a bleeding surface they coagulate the blood and thus dam the little rivulets of blood. But often our old-school friends fail with these remedies, because, like nearly all other remedies, they have their secondary action, and after their primary effect passes away the hemorrhagic effect is obtained, and the more they give the more they aggravate.

There are a few hemorrhagic remedies I wish to discuss individually, as they are used much by homeopaths, and yet they can hardly be grouped in a class. They are *secale cor.*, *hamamelis*, *cinchona*, and *ippecac.*

*Secale* is peculiar as an anti-hemorrhagic remedy. The old school use it much, and in very large doses, for uterine hemorrhage especially, and in other hemorrhages occasionally. How they stop hemorrhage, I think, is by its action on unstriated muscular tissue, causing contraction. This contraction squeezes the veins and arterioles, I suppose, thus stopping the hemorrhage, and Dame Nature, being on their side, repairs herself before the secondary action comes—that of relaxation.

Dr. Burt says *ergot* causes contraction of the arteries, especially the small arteries, yet the caliber of the large arteries is materially diminished, but the veins are correspondingly relaxed, becoming distended. The lungs and uterus become engorged with venous blood. But where does this hemorrhagic effect come in? This relaxation goes on until the blood forces its way through the mucous membranes of the lungs and uterus, and we have a passive hemorrhage of dark, venous blood. The patient's vitality is at a low ebb. Cold, clammy sweat, bluish-white lips, tingling of the fingers and limbs. We are governed by such symptoms as "Thin, scrawny women with profuse secretions from all outlets of the body. Passive hemorrhage in feeble, cachectic people, the corpuscles are dissolved, particularly when weakness is not caused by previous loss of fluids." Knowing so well the action of *ergot*, would it not be like murder to give *secale cor.* in other than highly diluted form? Could we expect to get any action other than aggravation,

except from a homeopathically diluted form? Of course, I cannot give a full list of symptoms, but we can concentrate our minds on the why we should not give ergot in physiological doses when it is homeopathically indicated.

Just how hamamelis becomes a hemostatic I cannot quite understand. It is used freely by all schools to check hemorrhage, especially by the eclectics. The first surgical operation I ever witnessed as a medical student, the surgeon, an allopath, put witch-hazel in the water used for sponging. He remarked that the eclectics accused him of stealing it from them. He said it was good anyway to check the bleeding. It is claimed by some it causes hemorrhage by irritation, and yet its main sphere of action is on the venous system and maladies of a chronic nature, such as hemorrhoids and varicosis in general with passive venous hemorrhage.

Many of our authors quote Hale, who says: "Its primary action appears to cause a spasm of the vasomotor nerves which supply the veins (if a drug is capable of causing a spasm of those nerves and not at the same time those of the arteries). It also acts as an irritant to those vessels to such an extent as to cause a condition favorable to, if not actually ending in, inflammation of their coats. The secondary action leads to the other extreme, and we have paresis of those nerves and thence paralysis of the coats of the veins, leading to varicosis, venous congestion, hemorrhage, and even structural lesion."

Now, it occurs to me that this primary effect of irritation is what causes it to close up the capillaries when cut, and the capillary bleeding is checked by its local application while doing a surgical operation, but it is this secondary effect of relaxation that interests homeopaths. It has for its germ symptom even in hemorrhage soreness. Horsemen bathe the limbs of their horses freely with witch-hazel, after they have been on the track, to take out the soreness.

The flow is dark, passive, venous, accompanied with a feeling of soreness, and the patient is greatly exhausted—and so in hemorrhoids soreness is the great keynote—there is also much backache and hemorrhage.

Cinchona. How does this remedy become an anti-hemorrhagic? I do not find that it is.

Its use comes in principally as a remedy for the effects of hemorrhage. Cinchona, it is claimed, destroys the white blood corpuscles, and some claim the red blood corpuscles are also destroyed. There are paleness, weakness, and difficult breathing. Just such symptoms as we get from loss of blood. But why, if in large doses it destroys the blood corpuscles, both white and red, should it be given in such material doses as it is by the old school? Surely it cannot make blood, as they claim. It can make blood only homeopathically, because in massive doses it destroys blood.

Now, then, as to ipecac. I said at the beginning ipecac produced hemorrhage by a relaxation. But Cowperthwaite says it produces its hemorrhages from the mucous surfaces principally by irritation, especially mentioning the respiratory membranes. And then Barthalow says in animals poisoned by ipecac gastrointestinal irritation is found. The lungs are sometimes seen to be hyperæmic and presenting patches of hepatization. I could not find anything to confirm my opinion, so I secured Burt's *Materia Medica*, and he gives me these brief words to help me out: "It arrests hemorrhage by stimulating the arterial capillary blood vessels to contract when in such a placid condition as to cause hemorrhage."

Does not that look contradictory? Yet I think I can harmonize all these authors' statements. You know it is true the hemorrhage of ipecac is always bright red, *i. e.*, arterial. You also remember in hamamelis the caliber of the arteries was diminished, and there was a corresponding dilation of the veins, and we had venous stagnation and venous hemorrhages. Do you not think ipecac affects the arteries in just the opposite way in which hamamelis does? It dilates the arteries, and we have arterial engorgement, and so in small doses it "stimulates the arterial capillary blood vessels to contract," as Burt says, and stops the hemorrhage. But I really cannot account for Barthalow (old school) saying "it possesses very valuable anti-hemorrhagic powers, and to give it in frequently repeated doses until vomiting ensues, when the hemorrhage usually ceases." I often get confused when I read of the old school giving the same remedies in the crude form we give in



dilution, and claim good results. Perhaps some present can explain.

Ipecac, you see, is for bright-red hemorrhage, profuse, with heavy breathing and nausea, face pale, eyes sunken, sleepiness after vomiting, cold skin, cold sweats, suffocating spells and dyspnœa. Lilienthal says hemorrhage may have been produced from taking Peruvian bark at some past time.

Nash says: "It is a better remedy than secale ever was, or can be, for post-partum hemorrhage, and it is not necessary to use it in large, poisonous doses, for it will stop it in the 200th potency and is quicker in its action than secale."



### MATERIA MEDICA QUESTIONS.

By E. FORNIAS, M. D., Philadelphia.

Give the chest symptoms of ipecac.

Tears clothing from the throat from strangling. Fat, chubby children. Face turns blue, loses breath, and becomes rigid. Mucous râles in chest. Chest seems full of phlegm, but does not yield to coughing; gags and vomits, especially phlegm. Eyes watery. Suffocative attacks.

Give the nervous depression of zinc.

Nervous depression of brain and ganglionic nerves. Deficient nerve power and consequent debility, emaciation, and anæmia, the latter not from change in blood, but from impaired nutrition: a quantitative deficiency, the patient having too little reactive power to developed disease to throw it to the surface, and hence suffers the consequence of suppressed disease; the viscera then bearing the burden, as when eruptions fail to develop.

Give the action of zinc on the brain.

Hydrocephaloid brain symptoms with undeveloped exanthemata. Child nervous, rolls its head, awakens from sleep as if with fear, cries out, limbs and body jerk. Occiput hot and forehead cool. Clings to those around. Grinding of teeth. Eyes dim, watery, sensitive to light. Sunken, pale face. Child cross toward evening. Tongue coated at root and dry. Doesn't want to talk.

Give the female symptoms of pulsatilla.

Chilliness; intolerance of warmth or warm room. Menses late and scanty and changeable in character, now dark, now light. Pregnancy: malposition of fetus. Soreness of uterine walls. Labor pains are deficient, irregular, spasmodic. Wants windows open. Retained placenta. Long-lasting after-pains. Lochia scanty; chilliness, thirstlessness, and oppressed breathing.

Give the mental symptoms of natrum carb.

Hypochondriacal, depressed, and irritable, most marked after a meal, continues as long as digestion lasts. Vegetable diet disagrees. Averse to society.

Give the menses of mag. carb., amm. carb., amm. mur., and platina.

Mag. carb., late and scanty, cease afternoon and return at night. Blood dark, pitch-like. Prostration. Amm. carb., too early and short, preceded by cholera-like symptoms. Frontal headache. Blood acrid, dark-clotted. Amm. mur., black and clotted, profuse. Pain in groin. Stools crumble at anus. Platina, profuse, early, dark as pitch, tarry-looking. Clotted.

Give the skin symptoms of hepar.

Intertrigo, erythema, itching especially in the bends of joints. Useful when case has been abused by lotions of lead-water and zinc salves. Itching in palms of hands.

Give spasms of zinc.

During teething, from undeveloped exanthemata. With pale face, absence of fever and heat showing his debility. Child cross before the attack; body hot, restless at night, fidgety feet, right side twitches. During sleep cries out; awakens with fear and rolls the head from side to side.

Give the hepatic symptoms of leptandria.

Dull, frontal headache, band across the forehead; burning distress in hepatic region; stools clay-colored, with jaundice. Excessive secretion of bile, with black, tarry stool. After stool griping, but no straining; desponding and drowsy.

Give the colic of plumbum.

Painters' colic from absorption of the metal. Abdomen and especially navel retracted,

drawing in toward the spine. Recti muscles retracted in knots. Cutting constriction; pain from spasm of bowels with restless tossing, better from rubbing or hard pressure. Anxiety, cold sweat, and deathly faintness.

Give mental symptoms of *natrum mur.*

Hasty, impatient, gets angry at trifles. Religious melancholy. Sad, weeping (puls.), but consolation aggravates and enrages him and causes palpitation and intermittent pulse. Awkward in talking. Absence of mind. Memory and will weak. Tired of life.

Give the use of the iodides of mercury in chancre.

Are preferable for true Hunterian chancre, hard chancre. The leucorrhœa of *merc. sol.* is acrid and contains purulent lumps.

Give the *natrum mur. child.*

Good appetite, but poor digestion. Grows thin. Emaciation marked about the neck. It antidotes *nit. of silver.*

Give the asthma of *kali bich.*

Catarrhal asthma, worse toward morning. Tightness at bifurcation of bronchi. Wheezing, panting on waking. The cough forces him to sit up and bend forward. Relieved by expectoration of a stringy mucus (*ars.*).

Give the gastric symptoms of *ipsecac.*

Constant deathly nausea and inclination to vomit (*tab.*). Vomiting of ingesta, bile, etc. Distress in stomach; feels relaxed, as if hanging down. Gastric disturbances from indigestible substances, such as cakes with citrons and raisins, from fruit, salads, pastry, pork and fats (puls.), from ice-cream or anything cold (*ars.*). Tongue disproportionately too clean. Clutching and cutting in abdomen. Better from rest.

What is the action of *kali brom.* on the nervous system?

It first increases reflex action, and, second, depresses motor action. Loss of feeling on palate, fauces, and pharynx (anæsthesia). Post-diphtheritic paralysis. Defective coordination of muscles. Nervous weakness. Aphasia.

Give the abdominal sensitiveness of *merc. sol.*

Epigastrium very sensitive to touch. Hepatic

region swollen and hard, and painful to least contact. Soreness. Can't lie on the right side. Pains stinging, stitching or pressive pain. Enteritis, with bloody and slimy stools; or peritonitis, with purulent exudation; sweat without relief, worse at night.

Give the sciatica of *plumbum.*

When there is marked consecutive muscular atrophy; or, earlier, when walking causes great exhaustion. Drawing, pressive, paroxysmal pains along sciatic nerve from hips to knees, worse evening or night; walking with difficulty, either from pain or paralytic weakness of limbs. Coldness of limb and lack of perspiration. Tremor.

Give the stool of *natrum carb.*

Stool not hard, but difficult to expel. Sudden urging and tenesmus. Or watery, yellow discharge with a gush (*crot. tig.*), from milk or after eating. Spotted with blood.

Give the typhoid condition of *phos. acid.*

Typhoid fever with apathy. Indifference. Drowsy, stupor, sleepy, easily aroused and when aroused is fully conscious. Nose-bleed does not improve. Stools watery, involuntary. Diarrhea, which does not seem to weaken.

Give the nasal catarrh of *merc. sol.*

Catarrh excited by damp weather, sneezing, aching all through body, excoriating discharge from nose. Throat feels raw, smarts.



## Book Reviews.

SKIN DISEASES: THEIR DESCRIPTION, ETIOLOGY, DIAGNOSIS, AND TREATMENT. According to the Law of Similars. By M. E. DOUGLASS, M. D., Lecturer on Dermatology in the Southern Homeopathic Medical College at Baltimore. Philadelphia: Boericke & Tafel, 1900.

A very satisfactory book. Though when it recommends or tacitly admits the curative properties of many shotgun prescriptions for ointments and washes and the like, it startles the true homeopath a little from his dream of the universality of the Law. We have no fault to find with the book. We think it is an excellent one,

and by a master in the specialty of dermatology and a master as well in good homeopathic therapeutics. A number of lithographic plates help to embellish and illustrate the text. It is a distinct gain for our profession to have so excellent a book put before us. We take pleasure in recommending it.

THE ANNUAL OF ECLECTIC MEDICINE AND SURGERY. A Yearly Record of the Observation, Investigation, and Experience of the Eclectic Physicians of the United States, as reported in their papers presented at the Annual Meetings of the State Societies, with a Condensed Report of the Proceedings of those Societies. Record of 1897 and 1898. Vol. VIII. Edited by JOHN V. STEVENS, M. D., Professor of Diseases of the Nervous System in Bennett Medical College, Chicago; Attending Physician at Bennett Hospital, Chicago, and Evanston Hospital; ex-Secretary of the World's Congress of Eclectic Medicine and Surgery, etc. The Scudder Brothers Co., Publishers, Cincinnati, O.

As a frontispiece there is given a fine half-tone picture of Joseph Rodes Buchanan; and after studying that no one wonders why he was so successful in his work with his patients and students and his multitude of friends. A head of that kind commands attention everywhere. You couldn't lose it. There are other pictures in this book that wake us up. After looking upon the counterfeit presentment of J. Uri Lloyd, we don't feel at all astonished that he wrote "Etidorhpa" or "Stringtown on the Pike." He looks capable of doing either or both. He is a very much younger man than we had planned to see. But he doesn't look as if he couldn't appreciate a good lunch after the opera. The next picture is that of Dr. W. E. Bloyer of the *Medical Gleaner*. Well, now, there's another face which attracts people, and little children. Every lineament of it is limned with good-nature and love of his fellows. And it evidently agrees with him. He couldn't do "Etidorhpa," and Lloyd couldn't do the *Medical Gleaner*. Each has his appropriate sphere, and each is a host in it. One more picture is that of the Ohio State Board representative of this school, Dr. David Williams. A fine face and a ready and powerful manner. There are other pictures of fine men, brainy men, and men who direct and move things. The letter-press, being eclectic, does not

specially interest us. Though we may say, *sub rosa*, that a good many alleged homeopaths of to-day would feel wonderfully comfortable to read and do consciously the things spoken of and recommended in these Eclectic Annals.

That which attracts all physicians of whatever school to the eclectics is the precision with which that school handles its medicines and doses. When it speaks of a remedy it gives it clearly and succinctly, and follows with as clear a statement of the dosage and strength. In this vital particular are the homeopaths very much lacking; we pride ourselves, and with reason, on our examination of the patient, and on the consequent selection of the homeopathic remedy. But there the curtain of doubt and confusion falls athwart the picture. We are never told what the potency (or dilution) is to be and the reasons therefor. We are left in the position of the youth who wishes to learn to swim. He is taught everything concerning the art, and then taken to the edge of the pond and told to go ahead! But without actual instruction. If our authors and teachers would unite upon some system of dosage, and teach and write about that certain dosage, much of the present nebulousness would disappear. The fault with the eclectics, in our estimation, is that they are specific hunters. In a large measure, they diagnose disease, and then treat the *disease* with their specifics. That they have wonderful success goes without saying; but we attribute that to the feeling of certainty which their teaching engenders in the practitioners' minds in handling cases. In the homeopath so much of uncertainty frequently hinges upon the question of dose and potency that it hurts the case. The eclectics are good diagnosticians and surgeons. If we were not a homeopath we would be an eclectic. It is a very fascinating practice of medicine.



## Globules.

The following appointments were made by President-elect Yingling of the Homeopathic Medical Society of the State of Kansas as chairman of bureaus of the next meeting of 1901: Oral and Dental Surgery, Dr. Edward Bumgardner; Eye, Ear, Nose, and Throat, Dr. Willis



E. Buck ; Materia Medica, Dr. W. B. Swan ; Surgery, Dr. C. F. Menninger ; Obstetrics and Gynecology, Dr. Alice G. H. Anderson ; Sociology and Fraternity, Dr. H. W. Roby ; Clinical Medicine, Dr. D. P. Cook ; Legislation and Public Institutions, Dr. Chas. Lowry.

A successful case of artificial impregnation is reported in the April *Medical World* by Dr. Elliott Gardiner, Philadelphia. Only four other similar cases are on record in this country.

Our good friend Dr. H. M. Paine, now of Atlanta, sends us several newspapers giving accounts of the graduation there of a class of allopathic doctors and of the arrest of several doctors who were practicing without a license. If Dr. Paine gets after them, then may the good Lord have mercy on them, for he is relentless as death itself in the pursuit of the law-breaker.

Dunham Medical College is putting on airs ; but they seem to be genuine. The students are publishing a journal, quarterly, which very nearly outranks anything of the kind coming to our table. For while it is given over avowedly to the praising of their own college, it yet does it in a legitimate, business way, so that rivals in the college business are not made sore. It is quite a circumstance to find nothing but straight items about *our* professors and *our* college. This college journal is weighted down with a good deal of paying advertisement of matters in no way connected with the college. Wonder if that was how the expense of the publication was met ? It gives an ideal picture of Hahnemann, and another not quite so ideal of Professor J. T. Kent, who has pulled up stakes in Philadelphia (where he went to wear the mantle of the then recently departed Adolphe Lippe) and removed himself and his post-graduate school of homeopathics to Chicago, and where, having joined issue with the Dunham people, he will now hold forth as their Dean. If nothing else may be said of this move on the part of Dunham, no one can ignore the very evident business enterprise which has marked the school from its very inception. It has had workers from the first day, and even before that. And this was the school which an Institute committee "sat on" one year and put on probation. And it was this school whose champion we became editorially because

of what we believed the injustice done them, that we got into a hot and bitter quarrel that liked to have unseated us at Omaha. Well, all that is now ancient history. Let it go. We are glad to note the progress made, and wish it well.

Dr. W. B. Clarke of Indianapolis, to whom we referred a penny-dreadful story of the vaccination and death of a four-year old boy, asks in a private letter : "What business had a four-year-old in school, where it had to be vaccinated ? Or does the glorious climate of Denver tend to precocity ?"

Dr. E. W. Green of Chicago says the New York Life Insurance Company has a force of sixteen physicians in that city (Chicago) only four of which are salaried men, and that he is one of the four, and the only homeopathist on the force. He has held this position for two years ; yet all insurance companies are against them. As a matter of policy the homeopaths are occasionally accepted.

"Some Things that Worry" Julia Holmes Smith, M. D., of Chicago are : 1. The occurrence of hemorrhage during labor not due to placenta previa. 2. The presence of a cyst of the amnion. 3. Delayed placenta. 4. Abnormal shortening of the funis. 5. The inability of mothers to nurse their children. These points the eloquent doctor elaborated in an interesting paper prepared for and presented to the Illinois Homeopathic Medical Association. A concluding paragraph will suffice to show the general tenor of the whole : "I believe that there should be a decided change in the education of young girls, so that the dignity of maternity and the holiness of maternal duties may be so glorified and magnified that no woman will enter upon the married state until she is willing to meet its emergencies and responsibilities, and until she is able to rejoice in the possibility, some day, of singing at the birth of her own child a Magnificat." Beautiful, isn't it ?

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# The American Homeopathist.

AUGUST 1, 1900.

FRANK KRAFT, M. D., CLEVELAND, OHIO, EDITOR.

## OUR PORTRAITS.



HARVEY B. DALE, M. D.,  
Oshkosh, Wis.

## DR. DALE RESIGNS.

WE learn with regret of the resignation of our brother-editor and friend Dr. Harvey Dale from the *Medical Visitor*. The letter upon which he resigned, while not given in the *Visitor*, is reflected sufficiently in the acceptance-editorial of the editor-in-chief to show that Dr. Dale's other duties were of a nature to preclude his continuance in editorial work—away from his scene of professional labors. But, to us, that is not the only reason. We know Dr. Dale very well, and have always admired his wonderful facility and felicity with the pen; and reading after him, as we have in two journals, it was not difficult to forecast that he would not long remain upon the *Visitor*, and in second place. In many instances his views were diametrically opposed to that of the chief editor; and a house

divided against itself will not stand. The division was an amicable one, to be sure, and the editors parted in amity. However, those who have ever engaged in medical editorializing know that a journal has but *one* opinion—that of the editor; and however many others may contribute to his pages, in whatever capacity, as collaborators, or assistant editors, or what not, the opinion is always cited of that journal as belonging to one man. It will always be this way. We have so contended from the first—that a medical journal should be a journal with one editor who thinks and writes. Anyone can sit down in the quiet of his book-walled sanctum, and read over blanket-sheet papers and publish them; or he can easily and artistically wield the office-shears. But does the profession care for that? In this day of cheap literature physicians are most likely to have all the prominent contemporary journals, and do not care for "hash." The ideas of the editor are what is wanted. The editor, like other mortal folks, is often wrong. Still, he has an opinion, and his journal stands for that opinion and he and it are respected therefor. Dr. Dale had an opinion and gave it utterance whenever the space was granted. And because such opinion was opposed to the opinion of the chief editor, one of the twain had to resign. We have a similar instance—possible not quite similar, after all, when closely studied—in the present conduct of the *Medical Century*. The editor-in-chief, because of feeble health, is a voluntary exile in Cuba, and his work, such as he cannot anticipate and write upon two or three months ahead, is done by his associate editor, Dr. J. Richey Horner, in Cleveland, who, being also editor of a college journal,—which dare not have an opinion lest it offend the college supporters,—has injected the same peace-loving, pro-college, and platitudinal writings into his *Century* work. Of all editorial ventures the most trying and dangerous, that of the insignificant college journal is the worst. Here the editor writes with gloves and ear-muffs. His journal is naught but a poster advertisement for his college. He must not, dare not have an opinion, or if he has it

must be pruned and rose-leaved, and flat-ironed and deadened until it will fit any possible phase of mind. Dr. Dale is too honest and independent a writer to sell his pen to anyone. So he stepped out—without prejudice, as the law term goes. We indulge the hope that he may soon find his way again into the editorial chair, and give us more of his always bright and sparkling writings. He is not dead, but waiteth.

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### THE WASHINGTON INSTITUTE.

WE have pretty thoroughly discussed the American Institute session recently adjourned at Washington City, in our daily letters during the sitting of that body. It will not be taken amiss, however, if we review several of the leading incidents of the historic occasion. In the first place, there is no doubt that the meeting was wholly clustered around and about the placing of the monument; that everything else took second place, except the independent section of Gynecology and Surgery. From beginning to end it was monument, and monument, and more monument. This of itself was sufficient to be made historic, but it should not have taken the whole Institute. The monument stands now in Scott Circle within a few blocks of the White House, in one of the most charming localities of the Capital City. It will remain there as long as homeopathy continues to be a leading school of medicine. Its lesson to all homeopaths everywhere is that in America the school is recognized in official circles in such lasting way that we need never again have fear of unjust laws or oppressive or restrictive medical legislation from the seat of government. The presence of President McKinley during the unveiling and dedicatory ceremonies, with his cabinet officer, Attorney General Griggs, and others of the local official staff, lent a glorious aspect to the scene and one not soon to be forgotten. Our thanks, and those of every brother in the guild the world over, are due to McClelland and his helpers for their genius in devising this monument and their consummate patience in carrying it along for eight years, determined that it should stand in a place of honor in Washington.

The independent sections of the Institute were jubilant at their success. And theirs *was* success! But has the Institute gained thereby? Have we done the proper thing to strengthen the American Institute? Let those answer who attended the subsequent *legitimate* sections of Surgery, Gynecology, and Ophthalmology. The answer given this writer by one enthusiastic member of the independent gynecological bureau was that it was a good thing for the

Institute since, unless the Institute had consented to this compromise, a wholly alien society would have been formed and under no obligation to the Institute. As it is, the new society acknowledges its parentship to the Institute, and each member before he can become a member of the independent must also be a member in good standing of the parent body. The reason for existence given was that the Institute could not give these specialties the requisite time in which to dispose of its work. If this be true, and we make no question of its truthfulness, of what need to carry the same sections in the Institute? Will this not soon appeal to the members of the independent body and by some proper amendment of the constitution and by-laws produce the necessary severance? We make no special fight on either of these independent bodies. It is but a question of the life of the Institute. We had this same question under discussion when the Materia Medica Conference was holding the boards independent of the Institute. It decimated the materia-medica section, as everyone remembers; and in time it was destroyed: for, as was said and believed, in time it would have annihilated the proper section in the parent body. Carry the liberty given the gynecologists and surgeons a little further, and yet not so far as to make it absurd, and give each of the other Institute sections an independent organization: what would become of the parent body? Eternal vigilance is the price of union. Every distracting incident in the life of an institution weakens that institution.

Now, as a closing paragraph, what do the membership who attended say concerning the value to them of the sessions? Was there, indeed, sufficient of homeopathic lore and practice to pay for the long travel and large hotel bill? The report made by Mohr in plea for a new committee or the rehabilitation of an old one, so as to bring homeopathy more prominently and insistently before the people, was one to cause the jubilating membership to stop and reflect. Have we filled our notebooks with excellencies in homeopathic practice garnered from the wisdom of our elders in meetings recited? Had we any overplus of homeopathy—except in the shouting of hosannas for the beautiful art-token up on that equally beautiful hill? Shall we be content, having come for bread, with a stone? Will this save us and our children? Have we not more cause than ever before to live nearer the homeopathic line, so that that magnificent statue in Scott Circle may not some day reproach us for our faithlessness? Let us then, all other diversions and distractions being now laid aside, turn resolutely to the original homeopathy and per-



fect ourselves again in its tenets and carry them out better and more thoroughly than ever before. We cannot afford to sit idly by. We must work and continue to work to build up the house of our fathers. It is a precious heritage.

These reflections are penned in no complaining or hypercritical spirit. We were one of the many who enjoyed himself at Washington, and came back to our work feeling that it was good to have been there. The local committee left nothing undone to make the stay of everyone pleasant. But that is not what the Institute was organized for. We must not forget that, brethren. There must be a great striving after the perfection of homeopathy itself. We have put over us a god whose mute figure commands us to persevere in his law, or else the statue and its mottoes are a lie!

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### **Materia Medica Miscellany.**

Conducted by J. WILFORD ALLEN, M. D., 110 West 12th Street, New York.

References in this department are made by number. See issue of January 1 or December 15 of each year.

#### ***Aurum Met. in Rheumatism.***

Kent, in the Journal of Homeopathics, says this remedy is full of rheumatic affections, not unlike such as are found in old mercurial cases; rheumatic affections with swelling of the joints; affections of the cartilages and bone; inflammation of the periosteum; thickening and induration of the periosteum; indurations of the glands; indurations of the cartilages about the joints. These are all of syphilitic and mercurial character. It is useful in old syphilis when the bones are breaking down in any part of the body. Like syphilis and mercury, the complaints are aggravated at night, coming on in the evening and keep up all night. The pains are violent; they rend and tear; the bones ache as if they would break, not in acute fevers, but in old syphilitic bone troubles.

The veins are enlarged and in a state of congestion and inflammation. The blood-vessels pulsate so that there is a pulsation all over the body. A false state of plethora seems to exist in the body, and finally turmoil and excitement occur. There is a violent orgasm in the body, sometimes demonstrated as a violent heat coming in flushes with excitement. These violent

orgasms come preparatory to the localization or establishment of some break-down in the economy. At times it is a cardiac affection; by and by look out for albumin in the urine, for enlargement of the liver or signs of cancer in the uterus, and deep-seated affections.

#### ***Apocynum Cannabinum*<sup>38</sup>**

Has given good results in chronic hepatic disorders, in dropsy from various causes, and as a laxative. In proper doses it is a heart tonic of no mean value, regulating and strengthening the action of that organ. It tones up the blood-vessels, thereby arresting the exudative process on which dropsical effusion depends; stimulates the kidneys to action, and favorably influences absorption, thus relieving dropsical effusions. Small doses favorably influence the hepatic functions and exert a favorable influence over the digestive organs and functions. Its action on the entire alimentary canal is marked, and in small doses, frequently repeated, is a valuable laxative in certain conditions.

Under its use, a weak, irregular heart action is succeeded by a strong, rhythmic pulsation, and dropsical effusions vanish quickly. In scarlatina, anasarca, and anasarca associated with albuminuria gratifying results are obtained. In the latter class of cases it may be advisable to alternate it with fluid extract of convallaria majalis, in one, or two-drop doses.—Merck's Archives.

#### ***Lycopodium.***

Spaulding<sup>21</sup>: The lycopodium patient, as a rule, is constipated, with no desire for stool. Especially is this true in old people. There is also ineffectual urging to stool; it is almost impossible to evacuate the bowels. Notice, again, the similarity to nux; but nux has frequent calls recurring at intervals, while lycopodium has this constant, ineffectual urging with more or less rumbling of gas. The digestive tract is peculiarly affected; there is always an excessive accumulation of gas; the tongue is coated; there is a sour or bitter taste in the morning, may be sour vomiting. There is great hunger, and yet he is unable to eat because he is so "full," and if he tries, a few mouthfuls satisfy and cause a sensation of fullness clear up to the throat;

but the hunger soon returns, and when he can eat there is distress in the stomach immediately following the eating; not some time after, as in *nux*. He cannot bear the touch of the clothing about the waist. Notice the similarity to *lachesis*; but *lachesis* has this sensitiveness all the time, not especially after eating. The accumulation of gas in the stomach may account for the small quantity of food filling the patient up, the constant sensation of satiety, and yet the feeling of hunger. The gas seems to press upward more than downward. In *nux* the pressure is more downward, with pressure on the bladder as if from a sharp instrument. There is great accumulation of gas in the abdomen, with much rumbling of flatus and cutting pains from right to left, with distention of the transverse colon. The pressure in the abdomen may be so severe as to prevent standing erect. The pressure upward may cause dyspnoea. There is another symptom, a constant sense of fermentation in the abdomen like a pot of yeast working; there may be diarrhea with this; if so, the stool is pale, thin, and mixed with small, hard lumps.

### *Toothache Notes.\**

Phosphoric acid is suitable for bleeding and swollen gums; tearing pains which are worse when warm in bed, and also from heat and from cold, burning in the front teeth during the night; pains from hollow teeth, extending into the head.

*Apium virus* for the most violent pains in the gums, also for jerks and throbbing in the molars, with involuntary sudden biting together of the teeth, headache, and bleeding of the gums.

*Silicea* for tedious, boring, tearing pains day and night, worse during the night, spreading over the whole cheek, also into the bones of the face; discharge of offensive matter from openings near the roots of the teeth, or from the gums; swelling of the jaw.

### *Morning Diarrhea.*

The Medical Advance gives the following hints:

*Sulphur*.—Drives him out of bed in early morning, about four to six o'clock; painless, but imperative.

*Podophyllum*.—Anywhere from six till ten; profuse, yellowish; with mealy sediment; painless.

*Natrum Sulphuricum*.—Must go as soon as he stands on his feet in the morning.

*Bryonia*.—Must go as soon as he moves.

*Aloe*.—Like sulphur, is driven out of bed about 6 A. M.; can hardly rise quick enough; uncertain whether he will pass flatus or fæces; unreliable sphincter.

*Rumex Crispus*.—Early morning diarrhea, with tickling in throat-pit; sudden urging before stool, preceded by pain in abdomen.

*Kali Bichromicum*.—Watery, gushing diarrhea in the morning; wakes with urgent desire, followed by violent tenesmus, which prevents his rising.

### *Hydrochloric Acid Dilute.*

According to the Chicago Med. Times, this drug is a constitutional remedy of great value when the tongue is thin and brown, and the mucous membranes are dark red. This condition is present in protracted fevers.

It has another indication, just as important, sometimes found in fevers, but very common in neurasthenics. This is *achlorhydria*—deficiency of this acid in the gastric juice, and consequent fermentation of food with a long train of gastric symptoms. I have observed that the tongue and membranes are inclined to be pale, the tongue is about normal in size and thickness, but the papillæ are greatly elongated and, while red at the base, are constantly tipped with white—a white coat on a pink base. The salivary secretion is scanty.

### *"Mapped or Patchy Tongue."*

According to H. M. Boger, M. D., in Med. Adv., it has been said that cases presenting this symptom are stubborn and protracted in their course. This was also formerly my experience, until a careful search of the *materia medica* revealed the following list of remedies as having it: *ant. c.*, *ars.*, *cham.*, *kali. bi.*, *lach.*, *lyc.*, *maland.*, *merc.*, *nat. m.*, *nit. ac.*, *ran. scel.*, *rhus*, *tarax.*, *tereb.*, *thuj.*, *sul. ac.* *Arsen.* and *rhus*, however, lead all the others in importance and frequency of application. Then come *nat. m.* and *taraxacum*. The dandelion formerly

was held to have this indication paramount, but experience has shown otherwise of late. It is of frequent occurrence in certain types of infantile typhoid, dysentery, etc. Occasionally I have seen it in infantile syphilis.

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### A DRUGLESS CURE FOR CONSTIPATION.

By W. B. CLARKE, M. D., Indianapolis.

THE last president of the American Medical Association, in a recent article, says: "I once heard a doctor say that he would give one thousand dollars for a 'specific' for constipation. I really believe the investment would have been a good one, when we consider how many people are thus affected." What is required in such a specific or remedy is the ability to stimulate the liver and intestinal glands to the performance of their normal functions, improve digestion, increase peristalsis, restore elasticity and tone to the relaxed tissues, and the power to coax or compel the lower bowel to easily expel at least one normal dejection daily. The expedient to which I here call your attention will do this, and is the long-sought constipation cure, I verily believe.

I will not weary you with long anatomical or physiological descriptive details or dietetic didactics, but the lesson taught in the quaint quatrain:

"When Nature calls at either door,  
Do not attempt to bluff her,  
But haste away, at night or day,  
Or health is sure to suffer,"

may well be borne in mind by all, sick or well. So, too, the utility of an occasional "mess of greens," calf's liver, rhubarb sauce, peanuts-and-beer, mush-and-molasses, or other queer viands that experience has shown to be suited to certain individual cases, temporarily at least. The "indicated remedy" man may also have his inning, and after indicating a couple of dozen remedies will in most cases probably find nothing better than thialion (the laxative salt of lithia), taraxacum, or cascara sagrada, which is really a laxative rather than a cathartic, in its proper or long-continued use.

Constipation and costiveness are conditions or signs of conditions fraught with more or

less danger to all who are so unfortunate as to be thus afflicted. The former is an abnormal sluggishness in the movement of the intestinal contents through their canal, and the latter is where there is an excretory movement daily, but the amount is too small, so that there is an effete accumulation within the intestine. While the object of this paper is to briefly outline the use of a simple expedient which will almost infallibly correct these conditions and avoid their dangers, direct and remote, it seems eminently proper to also briefly mention some of the latter. Some of the subjective-objective symptoms of infrequency and incompleteness of defecation are headache (often inveterate), furred tongue, foul breath, muddy complexion and conjunctivæ, a sense of weight in the abdomen, mental irritability and melancholy, a dyspeptic condition, intestinal catarrh and inflammation, extending to perityphlitis (the so-called appendicitis), congested liver, hemorrhoids, with neuralgias of adjacent organs in the female and seminal emissions in the male. The blood becomes irritated by the improper absorption of bowel contents constantly going on to a greater or less degree, and often a true auto-infection or toxæmia results, occasionally ptomaic in character, or even of the so-called puerperal-fever or eclamptic type, but oftener resulting in gouty or rheumatic trouble, or in a breaking down of the kidneys, the liver, or the entire digestive apparatus, particularly when, as often happens past middle life, the tendency comes to overeat and underdrink, especially in those who do not have sufficient muscular exertion in the open air. Bouchard, in his "Auto-Intoxication," clearly shows us that every moment of our lives we run the risk of being overpowered by poisons generated within our own systems, and that self-poisoning is only prevented by the activity of our excretory organs. Failure in this respect often results in arthritism, or diseases caused by retarded oxidations, among which may be mentioned gout and gravel, rheumatism, diabetes, obesity, asthma, eczema, and probably, in many cases, stomach, liver, heart, and lung trouble. Indeed, the more we study the subject of the torpidity of intestinal action the more inclined are we to enunciate the claim that to it may be ascribed, directly and indirectly, the major half

\* Indiana Institute of Homeopathy, May, 1900.



of the so-called diseases from which we suffer, or, rather, that we come within their grasp.

The remedy *via* which we can escape all the foregoing horrid category that is caused by constipation, and which I now have the temerity, or rather the sand, to introduce before this august critical body is sand, just plain S-A-N-D. I do not ask you to use it, to believe my story, or even to consider it reasonable, much less "scientific"; nor do I care how much some of you may ridicule or criticise me, my story, or the sand, feeling confident that those who may through curiosity experiment with it will be amply repaid. When I tell you that I have used it all along the line, from childhood to old age, and taken it myself, with admirable results in every case, I but state actual experience that each of you can easily duplicate. And I propose to now take a good-sized dose in your presence as a clinical lesson and to show you that I have the courage of my convictions, as the saying goes. *En passant*, I may say that the only medical book in which I have been able to find original allusion to the internal use of sand is Dr. H. G. Pifford's work, "Treatise on the Materia Medica and Therapeutics of the Skin" (1881), in which he mentions Battye's employment of it, finely powdered, in grain doses, for relieving the pain of cancer, and that he had twice seen small lupous ulcerations heal during its employment.

The best sand to use in a general way for this purpose is like the sample shown in this bottle, taken from a river sandbar, and is, as you see, rather coarse. This other sample is finer, and is the specially manipulated and dried kind that comes from the sand chest of a locomotive, and seems, because finer, better adapted to the younger patients, and requires no further preparation. The river sand should be thoroughly washed and then baked in an oven. It may be taken plain, or inclosed in capsules, or made into pills with syrup, in each case being washed down with water. And water must be drunk freely during the treatment. The dose varies. The hardest case I have known was that of a man sixty years old who used a teaspoonful after dinner daily for a week without particular effect, and then took a teaspoonful after each meal, three times a day, for a week. He was

then able to return to one dose a day, and soon required it but once a week. He had suffered with severe constipation thirty years, often sitting at stool for an hour, and nearly fainting; has been cured four months, and told me the other day that he would not take five hundred dollars for what the remedy had done for him. But the dose was extreme in his case. Often a teaspoonful, or even half or a third that quantity, once a day is enough, as is a capsule after each meal (half a teaspoonful in all) in some cases.

The peculiarity of this treatment is the ease with which evacuation is accomplished after the first impression is made, the discharges being soft, mushy, and yellow, and the regular habit then seems established, for the treatment can then be discontinued, while if a touch of the trouble occasionally returns a dose or two of the sand is sufficient to arouse the bowels to a sense of their lapse in the performance of their duty. In short, by gentle stimulation or irritation of the mucous surfaces it seems to augment the peristaltic movement without producing undue secretion of the liquids.

While, of course, I would not care to use sand in a case of intussusception or absolute obstruction, in appendicitis or typhlitis, or in peritonitis caused by bowel trouble, I have never known harm to follow from its use in constipation. I suppose that a mild local irritation is the secret of its effective action. Animals eat earth by instinct. Liberate a horse after long confinement, and about the first thing he does after racing around is to eat a mouthful of dirt. An ostrich is credited with having the prize digestive ability, and he eats sand, and big sand, too, while chickens and turkeys will not do well without it. If dime-museum men can train their stomachs and bowels to a diet of lamp chimneys, as we know they do, and whole peoples regularly eat earth as an article of diet, we purists need not fear an occasional dose of sand "for the stomach's sake," as Paul said. You who so thoroughly appreciate the value of the process of trituration in preparing medicines can ill afford to overlook the claims of this agent which so signally helps to perform this same service for the food in our stomachs and the old scybala or hardened contents of our

bowels. The fanciful objection that it might injure the surfaces with which it comes in contact might as well be urged against the gastric juice, which we know to be capable of eating holes in the stomach after death, but not in life.

I do not expect you to inform all your patients just what they are taking if you decide to make use of sand. You can put it in capsules, call it a new mineral cure for constipation, if a name must be given, and dispense it with confidence. I should be pleased to hear from any of you at any time in regard to verifications in your provings of this new drugless cure for constipation.

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### WHO WAS HAHNEMANN?\*

By T. V. KINNE, M. D., Paterson, N. J.

ON the morning of April 11, 1755, the rising sun sent its slanting rays through the windows of a humble cottage in the town of Meissen, Saxony, and rested upon the head of a newborn child.

To the mother it seemed an aureole and to the child it was an unconscious benison: and that light, absorbed into that child, crystallized until it became the star of hope that during subsequent years guided him in the path of life, upheld by a faith in the Immortal Author of his existence.

I can imagine some of that mother's feelings as she consecrated the boy to the service of humanity, for she called his name Samuel. As he grew into conscious notice of objects about him, the first things which attracted his attention were the porcelain pictures made by his father, and the poetry and the beauty which they possessed molded and purified his nature and showed themselves in his intercourse with those about him. Of his precociousness we know something. At the age of twelve he was a Greek tutor in the university where he studied. At the age of twenty he was a master in writing and speaking six different languages. He graduated with high and special honors from his school in literature and medicine, and at the age of twenty-four began the work of his

life. What he did, and where he did it, you will hear from those who follow me. I am to try and tell you who he was—a noble man given to a single purpose. In 1790 he began those investigations which led him to come out from the world around him and declare the truth of an eternal principle. Like Saul of Tarsus, who was the apostle of the Christian religion, Hahnemann of Meissen became the apostle of the one great medical truth about which all medical science must revolve. He suffered the fate of all reformers: driven from place to place, and thence again; taking his little family with him; his head bowed in sorrow for the sufferings of his loved ones, and in pity for those who knew not what they did when they persecuted him, yet still he kept his onward way, and, like another bold reformer, his feet planted upon a rock of eternal truth, he said: "Here I stand; God help me, I can do no other wise." (Applause.) Hatred, calumny, and ridicule passed by him as idle winds of which he recked nothing. The Duke of Anhalt-Coethen offered him a refuge, but even there the populace stoned his house so that he was obliged to remain quiet in his retreat, his only exercise being in a little garden at the rear; and yet when visited by one of his admirers, who remarked upon the narrowness of his walk and the circumscribed condition of his land, he said: "Yes, I admit it is narrow, but you must admit it is infinitely high." That was Samuel Hahnemann. He knew he had his Father's favor, and he had heart within and hope o'erhead. I have sometimes thought that Longfellow, in his "Psalm of Life," had Hahnemann in view when he wrote this stanza:

Let us then be up and doing,  
With a heart for any fate;  
Still achieving, still pursuing,  
Learn to labor and to wait.

His sojourn there became more and more comfortable, until when called to Paris in 1835 he was followed by the prayers and praise and tears of those who greeted him with stones when he came into their midst.

"At evening time it shall be light" was verified in his case, for in his declining years he had received long life, riches, and honor. In 1843 he laid him down upon his bed to die,

\*An extemporaneous address spoken at the Jubilee meeting of the Hahnemann Monument Committee at the recently adjourned meeting of the American Institute of Homeopathy at Washington.

surrounded by those who loved him most and best, and his soul passed over to the immortal realm.

His characteristics were those of patience and love. After fifty years of hard work in his profession, spoken to by those who commiserated with him upon what was done by his enemies, his words were simply: "I care nothing for the ingratitude or the persecution of those who have pursued me in my wearisome journey. The high objects which I have pursued have not made my life joyless." What wonder that if a harp which is ever keyed above the concert pitch should sometimes give forth tones not quite so rich and deep and sweet as erstwhile it had given! So with Hahnemann. What wonder if in later years he became intolerant and critical, not of his enemies so much,—for those he had pity; but he was wounded in the house of his friends, and for those who professed to be his followers and yet pursued a course that was destructive of his teachings, he had no tolerance whatever; and do you blame him for that? So he lived and so he died. Not dead to us. He *was* what he *is*. And he *is now* what he *always was*. And were our sense more acute, our eyes would see through the veil between this and the other world, and note him with his chosen followers, as, pointing back to the traditions of the past, he assures us that his prophecy is simply our history. Our ears would hear the symphony from above, the keynote of which is his life; and the refrain which sweeps through it all is that which was his motto, "Always working, always knowing"; and the amaranthine breezes which come from the evergreen hills of life, redolent with the prayers of those who have been with us and who are still of us, will come to us with soothing touch and, like his hand upon our heads, in blessing consecrate us to the life he lived, to the sufferings he endured, to the cross he bore, and to the laurel wreath of victory which crowns him. On yonder hill, in storied bronze, he sits upon his granite throne; in contemplative mood he watches us, his worthies, as we walk along the path he blazed, and push forward the triumphal car of progress to loftier heights and nobler endeavors. If we faint with the toil and heat and burden of the day, he calls us to repose

within the shadow of his presence until refreshed. We again gird about our loins, and, marching forward o'er the way of life up to the mount of God, there finding that the star which led us on is the effulgence of the light from the throne of Heaven itself, our souls will be ravished then by a knowledge that Hahnemann, home, and Heaven, the trinity, are one to our eternal joy. (Applause.)

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### A PLEA FOR WOMEN.\*

By W. M. JOHNSON, M. D., Los Angeles, Cal.

**O**CCASIONALLY we find a healthy woman. When we do so we are surprised and we wonder. The majority of women are not well; they have some ailment, something of which to complain; something wrong. This fact, in the light of the great advancement of medical science and surgical skill, is an enigma unexplained and unremedied.

Why are women so prone to diseases "peculiar to her sex"? Why are not women as healthy as men? As a rule they are not so large, not so robust; not so firmly, heavily muscled as men are; but this is not a sufficient reason to account for the great difference in health. Woman, in her sphere, should be as healthy as man.

Physically, she may not have the strength of a man; but within the limits of her natural endowments, and in accordance with the laws of her being, she should be as well able to perform the duties incumbent upon her as the man is to perform his duties; and in the performance of her functions she should still preserve her health, she should not be broken down, she should not become an invalid. If this is not true, what a reflection it is upon human nature and upon nature's laws! And yet, in view of all this, how can we account for the fact that in so many instances, and so soon after marriage, our young women, previously in the bloom of their young womanhood, begin to complain of some weakness; of backache, headache, all-tired-out feeling; break down, lose their health, and become invalids? What

\* Read before the California Hahnemannian Association at San Francisco.



has stolen the roses from her cheeks, the smile from her face, the cheerfulness from her voice? Why have the charms of youth so quickly faded? Why do our young women so soon begin to droop, to wither, and to grow old? There is a wrong some place, something radically wrong in our modes of living, in our habits, in our customs, in our education, in our civilization.

Diseases of women constitute fully one-half of all the ailments for which the physician is called upon to prescribe. This startling fact is one for which the medical profession should account, is a condition that should be remedied. Yet, notwithstanding the fact that for the treatment of woman's disease hospitals have been erected, special chairs in our medical colleges have been endowed, and many of our best physicians have prepared themselves and their offices especially for treating them, woman's health is not preserved nor are her ailments permanently cured.

What a comment upon our civilization is the condition of woman's health; and the mutilation to which she is subjected in order to remove what science cannot cure! We boast, and well may, of the great advance of surgery: we can remove ovaries, tubes, or uterus, one or all—almost with perfect impunity. Nearly all will recover from the operation—but in the same ratio that surgery has advanced in the treatment of woman's diseases, in the removal of her sexual organs, in unsexing and destroying nature's greatest masterpiece—woman—in the same ratio has therapeutics been neglected; for in removing any organ, or part, there is a tacit acknowledgment of the inability to cure; of ignorance on the part of the physician, of the supremacy of the surgeon, who may truly boast that, "*I can destroy what the physician cannot heal; can remove what he cannot cure; can unsex what he cannot preserve.*" Physicians and surgeons should look these facts fairly in the face, and find a remedy.

What! Cannot woman's diseases be cured without unsexing her; without rendering her an object of pity, of commiseration, rather than one to be loved, adored, and worshiped?

Put a man in her place—subject him to an operation that shall deprive him of his manhood—will he submit? No; he would rather

choose death. To him his manhood is dearer than his life, and justly so and wisely chosen, for what would woman think of man unsexed? And without woman's respect and love, manhood gone, what happiness could he have or expect, or what excuse for living?

Then why should woman value her womanhood less than a man values his manhood? Why this great fad? Why are so many women rushing into our hospitals for these operations, in so many instances eminently unnecessary?

If women will firmly say, "I will not submit to these useless operations; I will find some physician who can cure my disease without an operation, or I will die as I am—a woman!" then there will be found some therapeutic means for the cure of her diseases; some mode of preventing her peculiar ailments; and her health, her strength, her beauty, and her womanhood will be preserved, and our women will not be tortured, mutilated, and rendered invalids for life. The prevalent mode of cure is usually worse than the disease. Sometimes operations may be necessary. We do not refer to these; for they may save or prolong life, though they seldom or never cure.

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#### COLLEGIATE DEGREES FOR PHYSICIANS.

AT the last meeting of the Illinois Homeopathic Medical Association, says a correspondent, President Shears recommended that physicians make literary work a means of diversion. A resolution was passed asking the literary colleges and universities to recognize the medical education as part of a liberal education and to credit it upon a Bachelor of Science course and allow the physician who has no degree but his M. D. to complete the course *in absentia* and after examination to receive the Bachelor degree. This would encourage physicians to study for higher degrees, and so give them a higher standing among the learned. We learn that some colleges have already acceded to this reasonable request. Because a physician could not go through college before he studied medicine is no reason why he may not take up literary courses after and complete them and earn the B. A., B. Sc.,

M. A., Ph. D., LL. D. etc. There is no profession that makes more use of the languages and the sciences than the medical. We advise, however, all students to get their literary degrees before entering the medical college. In most universities the student can, in the science course, enter the medical school in his junior year and at the end of his medical course get the B. Sc. and M. D. degrees in six years. Preceptors should insist that their students have a liberal literary education as a foundation to medicine. The times demand it. In these days of extension courses physicians should make up their lack, and so stand in the front rank of the wise.

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### MATERIA MEDICA QUESTIONS.

By E. FORNIAS, M. D., Philadelphia.

Give the heart symptoms of *kalmia lat.*

Hypertrophy and valvular insufficiency or thickening after rheumatism. Rheumatism generally goes from upper parts to lower. Sensation of ball rising in throat. Short, dry cough.

Give melancholy of *natrum mur.*

Melancholy depends on weak digestion with constipation. Bad effects from acid food, bread, fat, and wine. Craves salt and bitter things. Aversion to bread and coffee. Canine hunger, with weak body and depressed mind. Emaciation, even while living well. Imperfect assimilation.

Give dyspepsia of *natrum carb.*

Acidity of stomach after meals, with passage of much gas, sour-smelling and fetid, or fæces escape with the urine. The patient is hypochondriacal and complains of pressure; distress and tenderness, with sour eructations and palpitations. The abdomen is apt to be hard and bloated, with swelling here and there, as from incarcerated wind. Flatus changing place and causing pain. Weak digestion.

Give abdominal symptoms of *natrum sulph.*

Constant rising of sour water. Hepatic region sensitive to touch. Feeling of fullness in abdomen or in stomach and chest,

causing oppression. Great formation of flatus, with rolling and rumbling incarcerated (*lyco.*, *carbo veg.*) upon right side, collections at night, causing great pain. Burning in abdomen. Soreness in bowels. Colic better by kneading the abdomen, or with escape of flatus.

Give the toothache of pregnancy and menses of *magnesia carb.*

Toothache worse at night during pregnancy; patient has to walk about for relief. Menses late and scanty, cease to flow in the afternoon and return at night. Blood dark and almost pitch-like. Patient feels prostrated.

Give the menses of *platinum.*

Menses profuse, early and dark, as dark as pitch, clotted (*cycl.*, *crocus*), with bearing down and drawing in abdomen. Painful sensitiveness of the vulva. Sensation as if menses would appear.

Give the pains of *platinum.*

Cramp-like pains; tingling and numbness; pains come at intervals, gradually increase and gradually decrease. (Also in *stannum*).

Give suppuration of *hepar.*

When suppuration is impending, shooting, throbbing pains, chills and rigor.

Give the diarrhea of *natrum sulph.*

Diarrhea watery, in a gush, with much flatus. Yellow fluid soon after rising in the morning (*bry.*). Half liquid, painful sometimes while passing flatus or urine. Worse in wet weather; in the morning or after farinaceous food. Though soft, difficult.

Give the headache of *kali bich.*

Right-sided headache of gastric origin. Violent headache preceded by blindness, and as headache increases the blindness diminishes. Must lie down. Aversion to light and noise.

Give the weakness of *lycopodium.*

Functional weakness. Affects vital forces. Brain-fag. Can't read, mind confused by reading. Can't get right word in conversation. Only with great exertion he can speak correctly. Brain has been overtaxed.

## Book Reviews.

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NEW, OLD, AND FORGOTTEN REMEDIES. Papers by many writers. Collected, arranged, and edited by E. P. ANSHUTZ. Philadelphia: Boericke & Tafel, 1900. Price, by mail, \$2.20.

The compiler, Mr. Anshutz, who is a better homeopath, to our certain knowledge, than fifty per cent. of the flock now masquerading under that title and with a legal sheepskin, is well qualified for the task he has undertaken. His modest foreword bespeaks the great merit both of the man and his work. He has been at work on this book for a great many years—possibly not consciously, but always in the direction of rescuing from oblivion remedies which had had in some instances a short day or month and then faded out of the horizon, not necessarily because unreliable, but, sometimes, chiefly, because the profession has so many commoner remedies that it could not give its time to newer ones. Mr. Anshutz has given all these, or as many as he has been able to collect from contemporary literature, a standing in the profession, and has done so in acceptable form, where they may be readily found. His part of the work is well done. That we do not agree with some of his authors and writers will not necessarily detract from the book. He copies many remedies for which we have only a hearsay testimony of usefulness. To use these upon such scant evidence of value might give the medical man considerable trouble with some important case. As a mere matter of record these assorted remedies are all right. As working tools for the profession we are not so confident. That this arrangement may determine some of our younger members to engage upon extensive provings is to be sincerely hoped. That it will do so is another story. We had the same objection to Hale's "New Remedies." These filled our materia medica with vast masses of symptoms drawn from sources not always accessible, or when accessible proved to be unreliable from a homeopathic standpoint. It had a tendency to make specific-hunters of the homeopaths, which is something not possible or to be tolerated under a correct translation

and interpretation of our law. It is matter, we think, of easy demonstration that the best and most permanent homeopathic cures have been produced by the better-proven homeopathic remedies in our books. That here and there, in an isolated case, some person was miraculously cured by a remedy not proven, but proves the rule of homeopathy. Take, in this book of Mr. Anshutz', the remedy *gaultheria* (wintergreen oil). We saw this paper in the *Homeopathic Recorder*, and being captivated by its logic and success made use of it in several cases, and successfully. We reported our experiences with it and hoped that it might prove a specific for rheumatism. However, since then we have made repeated trials with it and have failed. It would seem, therefore, that in the cases which gave way under the remedy there was a homeopathicity to the drug, and in the others there was not. And there we are again right up against that rigid high wall of our law! Mr. Anshutz, let it be remembered, distinctly disavows any authorship in the remedies, or godfather-ship for their efficacy in the cases and instances reported. We have no criticism for his part of the work. He has done it well. And our criticism for the book is not a condemnation of it, but simply a hope that it may not be wrested from the design of the compiler, and attempt be made to use it as a practical materia-medica work when its remedies are in the main unproven. Take down the *Guiding Symptoms of Hering* and turn over the leaves of two or three volumes and count the symptoms of the almost unnumberable remedies therein given,—remedies, too, that are pretty well proven,—and what effect does it have upon a busy practitioner? An embarrassment of riches! We have too much, too much! As a record of remedies that may be of use to us in our work, we greet this new book. As a record of what has been done by authors and doctors in the immediate past, we greet the book. As a work showing great care and study and expenditure of time and means, we greet the book. That it will be useful to consult in many troublesome cases we have no doubt. That the remedies quoted will, in homeopathic cases, cure is beyond peradventure. That it ought to have a place in every homeopath's office we recommend, for it is well



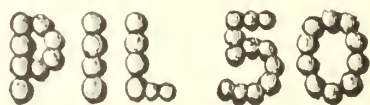
prepared, well printed, and bound, and very attractive in its general arrangement. We congratulate Mr. Anshutz on his latest book—for he is father to all good books issuing from the B. & T. firm, and wish his own compilation, this present book, a large sale and many editions.

#### DISEASES OF THE NOSE AND THROAT AND EAR.

Part I. Diseases of the Nose and Throat. By S. H. VEHLAGE, M. D., Assistant Surgeon to the New York Ophthalmic Hospital, Throat Department. Part II. Diseases of the Ear. By G. DE WAYNE HALLETT, M. D., Assistant Surgeon to the New York Ophthalmic Hospital. New York: Boericke & Runyon Co. 1900.

This book has a very brief Preface, which says that in the preparation of this treatise it has been the aim to present a concise yet practical description of the diseases of the nose, throat, and ear, with their appropriate treatment, bringing each subject up to the full knowledge of to-day. And having copied this, we have said all that we can say unless we put it in our own language. The book is good from cover to cover. It is well written, well illustrated, well printed. Its remedies, when they deal with *materia medica*, are unexceptionally good and crisp, and bespeak the homeopathic student. With the other means and adjuvants we do not concern ourselves. That trenches upon and enters the domain of the surgical, which has its perfect work and is acknowledged by all to be a very power to-day in medicine. The chapter on diphtheria is worth several readings.

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#### *A New Plan in Medical Teaching.*

The medical student will soon take his education *à la carte*, and it is but natural to suppose that he will order dessert mostly. The *Kansas City Medical Index-Lancet* says that the Chicago University, which now includes the faculty of Rush Medical College, is about to inaugurate a sensation in medical education by adopting what they term the elective system of studies.

This institution, which is very strong in financial and intellectual resources, after due con-

sideration believes this plan to be the ideal method of medical education. Under the new régime students will be allowed to select, or rather "elect," their own special studies, which will be known as optional, while other departments of study will be compulsory.

The system will include the teaching of all departments of science, not excepting the various pathies, such as homeopathy, eclecticism, and possibly Christian science, osteopathy, and other similar fads. By this new plan the student will also be allowed to select his own teacher, as by this method it is hoped that only those who can teach will be retained in the teaching faculty, thus disposing in a simple manner of the common, troublesome question of getting rid of "dry timber."

The inauguration of this plan when it occurs will be watched with a great deal of interest by other medical college faculties, as it certainly embodies many features of interest to all those concerned in the education of students. One question which will undoubtedly arise in the minds of many is, what particular action will the college section of the American Medical Association, as well as the general body of the organization, take when such an apparent violation of its traditional conservative tenets occurs?

No one who is acquainted with the personnel of the Rush Medical College faculty will doubt that before the inauguration of such an elaborate and radical plan, all possible questions of opposition will be carefully considered and answered at least satisfactorily to the promoters of this seemingly extravagant new invasion.—*Charlotte Med. Journ.*

[The *Kansas City Medical Index-Lancet* is having a little jolly all to itself over this action of the advance step of the Chicago University. We have known of this proposed innovation for some time, having had quite an interesting chat with Dr. Nicholas Senn when he visited our city about the holidays last year. The gentle sarcasm of this old-school journal will not hold back the wheels of progress. The day for the old rock-bound and rock-ribbed allopathic methods in school-upbuilding, as in medical legislation, is fast fading away. The newer and the more advanced is stepping upon the heels of the old. This introduction of homeopathy into old-school universities was one of the chief items included and presented to the American Institute of Homeopathy at Washington by Dr. Biggar in his chairmanship report on the Committee of Medical Education; and which the Institute summarily disposed of by voting it down. Dr.

Biggar named several universities and institutions of learning which had or were on the point of introducing a chair of homeopathy. Still the Institute—this composite disciple of Advanced Education—would have none of it! But the question seems pertinent to ask, since the Institute will not indorse or recommend the introduction of homeopathy into old-school colleges or literary universities, what will it do with those chairs and their incumbents when appointed? Will they be read out of the homeopathic church? Oh, that Talbot or Duke were alive! Would either of these worthies of the Institute and lovers of homeopathy have put so much as a pebble in the way of increasing the popular love for homeopathy!]

### *Some Brief Pointers in Gynecology.*

Chronic leucorrhœa of long standing can be cured only by persevering in frequent local use of astringents through a speculum, together with hot vaginal injections.—*Mundé*.

All pelvic congestions are venous, and the term "chronic inflammation," so far as it applies to the organs in that cavity, is a misnomer, because the arterial vessels are not involved in that process.—*Emmet*.

The most common displacement of the ovary is dislocation downward into the retro-uterine pouch, to which the name of prolapse has been improperly given.—*Tuit*.

Cancer of the womb usually begins on the vaginal portion of the cervix, and consequently has to bear the brunt of the insults of coition and parturition.—*Goodell*.

Tepid vaginal injections, so generally recommended and inadvertently used by patients in place of hot injections, have no positive therapeutic effect whatever.—*Barnes*.

—*Medical Record*.

[These all seem to be of the most practical nature, and will be profitably remembered.]

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### **Globules.**

Dr. David A. Strickler, of Denver has been appointed to the Denver hospital and has had the say-so in the appointment of homeopathic physicians and days of homeopathic treatment in that hospital. Dr. Strickler is one of that class of cool-brained and ready-witted

people who never take no for answer when the cause in which they are engaged is meritorious. Dr. Strickler is a distinct and valuable addition to the Denver profession. He is a worker.

There seems to be some dispute now touching the date upon which Hahnemann died—not the day, but the year itself. Some of the speakers at Washington had him dead in 1843.

The June number of the *North American Journal of Homeopathy* gives several excellent pictures of the Hahnemann Monument and one picture of the circle in which the monument was placed. It is a beautiful site, and a great acquisition for the homeopathic profession the world over. For it adds distinctly to the gain of every homeopath everywhere.

The *Hahnemannian Institute*, the college paper of the Hahnemann College of Philadelphia, contains in its May issue a half-tone portrait of Dr. Dewey which frontispieces his paper on "Some Allopathic Questions and Answers." The paper is good; but the picture is wretchedly printed. He might look like that picture some morning after showing a stranger the lighted lamps of New York the night before. He is a far handsomer man than any picture can represent him.

The very fine picture of Dr. J. T. Kent given in the *Dunham Medical College Journal* shows him to have aged but little since last we saw him and sat at his feet in silent adoration of his materia-medica greatness. He has discarded his former whiskers and added spectacles. He was always a forceful teacher, and we have no doubt he will be a fine addition to Dunham. We need several more Kents in the homeopathic colleges—men who are not serving the devil at the same time they pretend to serve God.

Answering the alleged April-fool joke in the *Medical Century*, we have to say that if Fisher has been writing all the editorials which have latterly appeared in the *Medical Century*, then he has sadly lost his "under-holt." And he ought to take something for it. They are no more like the Fisher that used to edit the *Century* from New York and Chicago than they are like some of the things a certain nameless party in Chicago writes concerning Fisher. We would rather take the other horn of the dilemma

—that Fisher is not writing the editorials ; or, if he is, they were written long ago and no longer fit a progressive journal.

"Woodyard Kindling" seems to have contributed a pleasant and readable poem on "The Doctor's Dream" to the *Hahnemannian Institute*.

The Sawyer Sanatorium at Marion, Ohio, is one of the best of this class of institutions in Ohio and, we believe, of any nearby State. It is perfect in its arrangements, and its tariff is reasonable.

The concluding number of the Repertory of the "Cyclopedia of Drug Pathogenesis" has reached our table. Now the "Cyclopedia of Drug Pathogenesis" is ready to be used upon the lines indicated in its several prefaces, and when so used will be found of value.

The Cleveland *Homeopathic Reporter*, with J. Richey Horner, A. M., M. D., editor, for May, 1900, has reached us in safety ; or, we might add in all truth and soberness, it has reached us numerously, for we have to this moment received four copies. No doubt the post-office requirements being now satisfied, the soul-stirring, homeopathy-upbuilding *Reporter* will now be made a second-class journal—or, rather, we should have said, a second-class-matter journal. It is brimful of fine homeopathic *Reporter* lore. No one can go far astray after reading all it says about pure homeopathy and things,—especially the latter,—which includes one or two small words occasionally for the college whose child it dutifully is and which pays the freight. Pity the sorrows of a college-journal editor ! All the world-moving ideas which seethe under his hat are destined to die and waste their flagrant fragrance on the college air. For it would be fatal to the interests of the college if its editor sang any praise other than of those whose bread he ate. That Dr. Horner is capable of good, honest editorial work, when the hobbles are off, has been shown by his master-hand in the *Medical Century*—when he wasn't filling its pages with Cleveland College papers and College news (?). All sarcasm aside, however, the *Reporter* is certainly a clean and almost inoffensive advertisement for its College ; and as such it will be

welcomed and appreciated. This year its golden-haired editor did not go to the Institute to mold its destinies, and pick up all the papers he could for the *Medical Century*, and incidentally some new ideas for his newer baby—meaning the Cleveland *Homeopathic Reporter*. He was married in June. And, hence, we cheerfully forgive his absence on his distinct promise not to do it again.

The *Hahnemannian Advocate* appears on our table for June 15 with a new cover page carrying Hahnemann's picture. It is very handsome and appropriate. It contains its usual grist of good things.

"Was giebt Kraft?" queries a foreign homeopathic journal, as a title to a nutrition paper. Well, if this has any personal allusion to ourself, we will say that we contributed our mite according to our might to both Hahnemann statues. But isn't the question decidedly personal. Whose business is it what we give ?

"The Three Tailors of Tooley Street."—The *American Medical Monthly* presents an editorial with the caption "What Is Going on in Colleges and Societies," and refers to none but its own college and the American Institute of Homeopathy. The responsible editor, we understand, is in Europe, attending hospital clinics and collecting some reserve fund of new health for himself. In his absence someone else has used the nicked-up office and editorial shears.

In view of the fact that there have been those in the Institute who did not hesitate to charge that, pending our incumbency of the recording secretaryship, we employed incompetent stenographers with the munificent allowance doled out to us for that purpose, it gives us some satisfaction to find that the present recording secretary employed two of our three former stenographers for the Washington meeting. It is one thing to prate learnedly of what stenography ought to do for so large and so unwieldy a body as the great and growing American Institute ; but when it comes to employing first-class *professional* stenographers on what is ordinarily doled out to shorthand writers in commercial offices, the difference is quickly apparent. Medical stenography is of all things the most difficult. A man who can write medical stenography sufficiently



correct will not stay in stenography, with its over-full ranks. He will hie him to the nearest medical factory and have himself made over into a full-fledged doctor-man. The other kind of stenographer, who does not know medical terminology, is too cheap at any price.

The "St. Louis Limited," the new day train over the Big Four Route to St. Louis, Kansas, and Texas, is a fine train and gets there as its literature says it will. The road is a very popular one, and its service of the very best and finest.

That was a savage but kindly meant slap which President Walton gave some of the homeopathic colleges when he said in his New National Theater address at Washington: "If homeopathic students hanker after allopathic fleshpots, their cravings can be satisfied in almost any homeopathic college." Sir?

The Newark (N. J.) *News* of June 19 published "The Pot Calls the Kettle Black," by Dr. W. B. Clarke, which paper was printed in this journal, due credit being given. We refer to the item mainly to show that the paper was a good one, else the laity would not have seized upon it in this complimentary way.

The current *Century Magazine* is made up of some very interesting stories. It calls especial attention to the work of that newly discovered New York novelist, Miss Bertha Runkle; this is entitled the "Helmet of Navarre," with the scene laid in Paris during the siege by Henry of Navarre. The advance notices speak in the very highest terms of this gifted author.

The Philadelphia *Times* for June 23 gives over half of one of its columns to the reprint of Dr. Biggar's report as chairman of the Medical Education Committee in the American Institute of Homeopathy. Dr. Biggar's report was a good one—a little too radical, possibly, in some of its views for the conservative Institute, but pertinent and to the point. Dr. Biggar is a little in advance of his time. That is all.

The horrible holocaust at Hoboken, where so many lives were lost in the ocean-steamship fire seems almost incredible. Had this happened on the high sea, with no help from any point, some measure of belief would be granted the happening. But to take place in broad daylight, on the

banks of a river, near a city filled with people and fire apparatus, takes away a good deal of the fancied security of land living. We have been fearful that the excursion business among steamships this summer would eventuate in some frightful disaster. And we still believe there will something awful happen in the crush and hurry on the other side when the masses arrive at the conclusion that they want to come home.

A girl went to a Brisbane drugstore, says the *Chemist and Druggist*, and wanted a tooth-brush, and "would he please give her a hard one, as there were six in the family."

We learn with sorrow of the death at Nashville, Tenn., of Mrs. Katharine Somers Guilbert, wife of the late Dr. E. A. Guilbert, who died but a short time since at Dubuque, Iowa. Mrs. Guilbert died at the age of seventy-three.

Dr. G. H. Quay of Cleveland announces the removal of his office to Suite No. 818, Rose Building, corner Erie and Prospect Streets. Dr. Quay is one of our leading homeopathic specialists in nose and throat. The Rose Building is a magnificent sky-scraping structure, and will be one of the principal office buildings of our city.

Dr. Anna K. Bailey uses sulphur and potassium permanganate for diphtheria. She says the permanganate rapidly oxidizes or consumes the organic offender, and the sulphur is a powerful germicide. The doctor has never found it necessary to give more than two and one-half grains of sulphur and one-fourth grain of permanganate, in capsules, alternating every hour and allowing water freely until the patches disappear.

The Antikamnia Chemical Company has sent to the Boers, through the company's London office, a supply of its preparations. We have no doubt that this will be a most acceptable donation, and shall wait with interest the report of results from the field of its proposed usefulness. The Antikamnia preparations are as popular and efficient to-day as ever.

The University of Michigan—the Ann Arbor school of homeopathy—had its twenty-third annual commencement on June 21, graduating fifteen students. These students have had un-

usually excellent facilities for acquiring a homeopathic education under the able masters to be found in that school; and in its general medical branches there is not a better university in the United States. We feel confident that we will hear from these fifteen, and that it will be good news.

**Dr. Harry E. Hunt** of Kingston, Ohio, was married to Miss Belle Kellenberger of the same city on May 24, 1900. Our sincerest congratulations to the doctor and his bride.

The *University of Minnesota Bulletin* for May 15 has been received, and presents a very creditable testimony for the success and enthusiasm of this university. It numbers some very eminent men among its faculty. It ought to be a good school, and doubtlessly is so, from all the reports reaching us.

The Pennsylvania Lines were abundantly patronized by the members of the American Institute of Homeopathy, and we heard no complaint from anyone. The accommodations were the equal of any line of railway, the speed was excellent, and the service of the very first order. Mr. A. G. Kimball is the courteous representative in Cleveland.

In the *Chicago Tribune* for June 3 we find a picture of that handsome man and popular surgeon of Chicago, Dr. George F. Shears, with a few paragraphs announcing his advancement and election to the presidency of Hahnemann Medical College in that city. Dr. Shears has been long and famously connected with this school, and his preferment to the top of the list gives us much pleasure.

The *Indianapolis Press* is the only paper outside of Washington, so far as we have any knowledge, which gave any picture of the Hahnemann Monument on the day of its unveiling. In Cleveland the press reports were extremely meager. Some of our families and friends learned that Cleveland was honored by one of its surgeons being elected president of the Gynecological and Surgical Society.

**Dr. H. H. Baxter** of Cleveland, after more than twenty years of continuous teaching of materia medica in one or the other of the homeopathic colleges in Cleveland, has resigned

in order to give better attention to his duties upon the Ohio State Board of Registration and Examination. Dr. J. E. Rowland, formerly professor of materia medica for the junior class, has been advanced to fill the vacancy made by Dr. Baxter's resignation. In other ways the Cleveland College continues as before in its faculty and government.

In a paper which appeared in the *Medical Century* some time since, by T. Griswold Comstock, M. D., Master of Obstetrics of Vienna, of St. Louis, a line of argument was injected excusing the system of alternation. For this the good doctor was attacked by the purists, and put upon his defense. In that defense he quotes from a letter by Hahnemann written to a disciple advocating the unmistakable alternation of several remedies. But the date of that letter (Bradford's *Life of Hahnemann*) shows that it was written in an early period of Hahnemann's life, when we know that he alternated. We can go back still a few years farther in Hahnemann's life and find where he gave crude drugs and upon old-school principles. But no one to-day judges of Hahnemann by that earlier time of his life. It isn't what a man said and did forty or fifty years before that is cited against him in the present moment; but that, rather, which he is doing to-day. If the former standard were to prevail there would never be any progress. We learn from day to day, nay, from hour to hour. Hahnemann's best work, as Brer Comstock probably knows, was done when he left the cruder standards of the old school and little by little grew into the new—his own creation. A year or more ago an allopathic journal in attempting to discredit homeopathy by quoting one of *our* journals, thought to make good its allegations of our rapid degeneracy by quoting from the *New York Medical Times* (?) during that heated homeopathic period in 1872! Since that time the allopathic journal had been asleep. Let us not forget that we have works brought up to date, by which we are to be judged.

#### **The American Homeopathist.**

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A. L. CHATTERTON & CO., Publishers.

# The American Homeopathist.

AUGUST 15, 1900.

FRANK KRAFT, M. D., CLEVELAND, OHIO, EDITOR.

## THE HAHNEMANNIAN ASSOCIATION.

THE *Medical Counselor*, under the title of "The International Hahnemannian Association," prints an editorial which, if written by the hand of the reputable editor, shows a wonderful change in his ideas on the homeopathic question. Not that Dr. Knight has ever paraded himself as the possessor of peculiar high-pressure or Low-Church ideas on homeopathy; still, he has been very conservative in his public utterances, whatever else he may have been and is in his practice. He says: "In these degenerate days, when there is so much longing in our schools for the fleshpots of allopathy; when, according to the definition given out in high places, a homeopathic physician is a physician who is everything else first and a homeopath last of all, when he has to be; there is need for societies like the Hahnemannian Association to proclaim pure homeopathy with no uncertain sound."

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In much that is included in the foregoing quotation we join most heartily. But to assume that pure homeopathy is taught nowhere save in the International Hahnemannian or kindred associations is rankest of nonsense. There are just as good and pure homeopathy members in the American Institute of Homeopathy as can be found in the I. H. A. A number of the most faithful members of the latter association are also faithful members of the Institute. The way to reform the heathen in foreign lands is to send accredited and whole-souled missionaries there to proselyte the peoples. Standing aloof with a holier-than-thou air will not help in anything except to make the incumbent of that

manufactured halo ridiculous. If the Institute requires the injection of pure homeopathy into its midst,—and we are not blind to the fact that in many ways it is lacking in this most important of all essentials,—then it is the DUTY of the I. H. A.-ians to join that Institute and do missionary service with the membership. Go out into the world and preach the doctrines of Christianity, was the message to the Apostles. For the I. H. A. people to meet in some secluded spot once a year, and pass pure-homeopathy resolutions and read high-power and low-pressure papers on the value of infinitesimal quantities of remedies, and, like muezzin, stand on an eminence and blow the horn of pure-homeopathy, "with no uncertain sound," is absolutely silly—if it is done with the purpose of influencing the profession to their betterment. If that isn't the purpose of the organization, then the sooner they abandon that high-faluting title of "International" and come down to a more modest and moderate term, the better for all concerned. We grant, willingly, that there was a good cause for the organization of the I. H. A. But the causes which produced that association have long since been removed from the American Institute; and every member may read any paper and discuss any paper in any potency or form of homeopathy that may pleasure his pure-homeopathy soul. We have no quarrel with the pure homeopathy which the I. H. A. or any allied society is trying to inject into the great body of the careless or indifferent homeopathic profession. Their efforts in that direction can meet with but one accord from every homeopath everywhere. But the continuance of a distinct organization in avowed antipathy and antagonism to the great American Institute of Homeopathy, thus putting



themselves on the upper-air-and-solar-walk basis of purists and pushing the Institute down a little lower than the angels, is the ground of our objection; it is constant incentive to a quarrel and will rile up any homeopath wherever located. There is absolutely no need for the longer existence of the I. H. A. Disband, ladies and gentlemen, and come into the American Institute. A band of one hundred and fifty pure-homeopathy missionaries injected into the body of the Institute would soon work marvels. Is not the end to be attained a glorious one? Is it not that for which you are professedly striving? The columns of this journal are always open to anyone advocating good homeopathy. The potency feature never troubles us. But to hide your light under a small bushel, either in annual meetings, or in one or two class journals, will not proselyte. Come out into the open! Let us see what you are made of! Show yourself, and gain apostles by your better homeopathic work. No man will consciously or willingly pursue an antiquated method in his trade or profession when a newer and a better way is opened to him. And that reminds us to ask, whether this I. H. A.—which has deified Hahnemann, in their fourteen page high-potency papers and wearisome platitudinal whereases and resolves, and has the sun rise and set upon his constantly augmenting splendors—whether this association, as an association, has contributed one single penny to that beautiful art-token now standing in Scott Circle at Washington? We have not heard of any such contribution? Brother Knight, before publishing any more such boiler-plate editorials, would do well to consider their import and bearing upon the Institute of which he is an honorable and, we believe, a consistent member. Let this recapitulation serve to clear up what may seem dark and doubtful in that which has preceded: namely, that the I. H. A., instead of flocking by itself, and nursing their proper initial wrath to keep it warm, should disband and bring its hundred and fifty pure-homeopaths into the American Institute of Homeopathy and THERE institute its missionary work. The result of such a combined force would be incalculable for good.

## Materia Medica Miscellany.

Conducted by J. WILFORD ALLEN, M. D., 110 West 12th Street, New York.

References in this department are made by number. See issue of January 1 or December 15 of each year.

### *Tongue Symptoms of Several Remedies.*

In the Spanish homeopathic journal, *La Revista Homeopatica* of Barcelona, the lingual symptoms of a number of important remedies are given as follows (and are here taken from *The Clinique*):

**Apis.**—Tongue a bright red, dry, and covered with vesicles; the tongue trembles and comes in contact with the teeth in trying to protrude it. The margins and tip are red and covered with blisters. Swelling of the tongue in diphtheria.

**Arnica.**—Dry tongue, with a darkish strip in the center (typhoid fever). A yellowish and pasty coating on the tongue (dyspepsia).

**Arsenicum.**—Tongue raw, red, and excoriated, as well as dry; the tongue is covered with a dark-brownish and sooty coating (typhoid fever); mapped tongue (acute diseases).

**Baptisia.**—Tongue with a brownish strip in the center, the borders being of a bright-red color. Tongue dark brown and dry (typhoid fever).

**Belladonna.**—Dry tongue, with red tip and margins and the center white. The papillæ prominent and increased in volume (strawberry tongue, scarlatina); trembling of the tongue.

**Borax.**—Aphthæ on the tongue.

**Bryonia.**—White tongue or a whitish-yellow-coated tongue; in typhoid fever the center especially is whitish, and the borders are clean. Tongue dry, and looking as if scraped (typhoid fever).

**Camphora.**—Cold tongue.

**Chelidonium.**—Tongue covered with a yellowish coating which shows the marks of the teeth (diseases of the liver).

**China.**—Tongue heavily coated, white or dirty yellow.

**Colchicum.**—Tongue covered with a dirty-yellowish coating, or red, with a pasty coating at the base.

**Gelsemium.**—Tongue as if paralyzed (*dulcamara*).

**Hydrastis.**—Tongue broad, flabby, swollen, with viscid, dirty-yellowish coat, the tongue showing the impression of the teeth. Sensation of having been scalded.

**Hyoscyamus.**—Tongue red, dry, fissured (bell.), with a yellowish coating.

**Iodium.**—Two lines of mucus or foam upon the tongue (pancreatic diseases).

**Kali Bichromicum.**—Thick, broad tongue, with a dirty-yellowish coating, or smooth, red, and shining. The borders full of painful ulcers. Sensation of a hair at the root of the tongue.

**Mercurius.**—Tongue moist, flaccid, soft, spongy, swollen, and with the marks of the teeth. Painful and ulcerated tongue, covered with a dirty and yellowish coat.

**Mercurius Iodatus.**—Base of the tongue covered with a thick and yellow coat, while the anterior portion is red and clean (diphtheria).

**Phytolacca.**—Tip of the tongue very red and sensitive, with blisters on the margins. Pain in the root of the tongue on swallowing.

**Pulsatilla.**—A grayish-white coat on the tongue.

**Rhus Toxicodendron.**—Dry tongue, as though slightly burnt; dark, with a triangular red portion at the tip. Tongue of a dark-brown color, fissured, and bloody. Tongue smooth and red (in scarlatina).

**Stramonium.**—Tongue red or whitish, and dotted here and there with reddish points. A darkish-yellow coating, dry and fissured, particularly in the center (typhoid).

**Sulphur.**—White tongue, with tip and borders red (acute affections). Dry tongue, with a red tip; difficulty in speaking in typhoid pneumonia.

**Terebinthina.**—Dry tongue, which is brilliantly red in color (typhoid fever and peritonitis); tongue smooth, as though the papillæ had been scraped off.

**Veratrum Viride.**—A strip of bright red in the center of the tongue (fever and meningitis).

H. V. P.

### ***Bichromate of Potash Poisoning.***

A case in which a comparatively small dose produced unmistakable toxic symptoms in a strong, well-nourished adult is reported by J. D. Thompson.<sup>38</sup>

The drug was given for atonic dyspepsia of a very chronic type after everything else had been tried with only temporary benefit.

The dose was one-fifth of a grain in a dram of water. There was some nausea shortly after taking the first dose, but not sufficient to cause alarm. About an hour and a half later the patient was found nearly exhausted from continued vomiting, part of which was streaked with blood. Pulse feeble and rapid, marked pallor, and clammy perspiration.

Raw eggs and digitalin were used, and the next day the man was up and about. The doctor adds in a note that the dyspepsia was markedly improved by the ordeal.

### ***Chionanthus.***

Mundy, in Eclectic Medical Gleaner, believes that this is the remedy for liver affections. We have just proven to our own satisfaction that it is vastly superior to mercury. The indications are tenderness in the hepatic region, enlargement of the organ, yellowish color of the skin, eyes, or mucous membranes; in other words, evidences of jaundice. It is the remedy in these conditions, whether acute or chronic. We are now experiencing what seems to be an epidemic of catarrhal inflammation of the ducts, with an attendant duodenitis. Our prescription has invariably been specific chionanthus alternated with sodium phosphate. We have never had to change the prescription but once, in all of our cases, though some of my medical brethren have not been so fortunate. With this peculiar color of the skin, it is equally valuable in chronic stomachic and intestinal diseases. The dose is specific chionanthus dr. 2 to 8 (according to age of patient), in half a glass of water, a teaspoonful of the mixture every two to four hours.

### ***Santonin in the Treatment of Epilepsy.***

G. F. Lydston<sup>39</sup> says that a substitute for bromides in the treatment of epilepsy is needed. He believes that this has been found in santonin, which he has used for nearly twenty years in the treatment of this affection. His attention was first directed to santonin as of possible value in the treatment of epilepsy by the fact that it is a valuable antispasmodic in children. He does not claim that it is a specific

for epilepsy, nor is he sure that permanent cures have been produced. All that he claims for the remedy is that under it the average epileptic patient shows better results than under the bromides. Santonin acts well in cases in which the bromides for one reason or another are not tolerated. It has proved of especial value in those cases in which the bromides failed. It does not cause mental hebetude, nervous or circulatory disturbances, nor disfiguring eruptions. In adults he begins with a dose of from two to five grains of the powdered drug, which is gradually increased to the point of tolerance. Many patients take twenty grains three times a day for some weeks. The point of saturation of the system is shown by a yellow color of the urine and a varying degree of renal and vesical irritation. He has never given more than twenty grains, but does not know what the limit of the dose of santonin is. He advises caution in giving the drug, to begin with small doses gradually increased.

### *Remedies in Sciatica.*

Martin,<sup>21</sup>—Belladonna: great sensitiveness along course of nerve, slightest touch causing severe pain, worse at night, relieved by warmth of the limb. Ferrum: pains compels patient to get out of bed and walk about; pains better from moving about; great weakness and loss of appetite. Ledum: Pain shoots from foot upward with sensation of contraction of muscles, the limb seems cooler than the rest of the body.

### *Passiflora Incarnata in Whooping-Cough.*

Dr. Cartier<sup>22</sup> finds that *passiflora incarnata*, a remedy little used in whooping-cough, serves well for the sleeplessness, spasms, and certain nervous phenomena. Frequently when lying down at night the attacks are worse, and hyoscyamus, belladonna, and conium will not serve as well as *passiflora*, five drops of the tincture at bedtime. Another plan is to give two drops of the tincture immediately after each attack until the total quantity taken in the night is from six to twelve drops. The preparation of the tincture is important—it should be made from the wild plant, and not from the cultivated variety. There is the same difference between the aconite of the mountains and the garden variety.

### *ADDRESS OF DR. C. E. WALTON, PRESIDENT A. I. H., AT THE UNVEILING OF THE HAHNEMANN MONUMENT AT WASHINGTON, D. C., JUNE 21, 1900.*

FOR many years the American Institute of Homeopathy, the oldest national medical society in America, and representing the homeopathic school of medicine, has been striving through its Monument Committee to secure the erection, in a suitable location, of a fit testimonial to the worth of our illustrious founder. The result of their gigantic efforts is before us. It has been a work of love, and nobly have they performed it. Nor time nor labor has been spared; and, behold, "the end crowns the work"!

In accepting this work of art the Institute would joyously acknowledge its debt of gratitude to this faithful committee and to its efficient co-workers, the finance committee.

Their labors make it possible in this memorable year 1900, which marks on the dial the dividing-point of centuries, to rear in our nation's capital this magnificent monument to commemorate at once the genius of Samuel Hahnemann and the loyalty of his followers.

Upon this pedestal sits the figure of one who loved his fellow-man. Could the spirit of the departed animate this lifeless form, illuminate those sightless eyes, and loosen that silent tongue, there would shine forth the benignity of a re-awakened love and we should hear the sound of a new benediction.

He comes as no usurper to complete this group of memorable men. No false standard should begrudge the philosopher the right to keep his vigil in company with the statesman and the warrior. He stands for liberty of thought no less than the statesman stands for civic liberty; and both look with confidence to the warrior to maintain, if necessary, his perpetuity. Right and Might and Light form an invincible trinity, and it is fitting that their sculptured representatives should fraternize within the limits of a common circle.

I seem to hear from one end of this beautiful campus the famous words "Liberty AND Union, now and forever, one and inseparable!" as they thundered forth the deliberate conclusion of the immortal Webster as to the necessary founda-



tion of this great republic ; and from the other end I hear the philosopher's dictum, "*Similia similibus curentur*," proclaiming the law of cure for the relief of a suffering humanity. In the realms of thought there are no limitations of nationality. The great American and the great German each proclaimed a truth, the one for the welfare, the other for the amelioration, of mankind.

In all ages men have delighted to commemorate in enduring structure the great deeds and lofty sentiments of distinguished persons. Pyramid and obelisk and sphinx bespeak the power and worth of Egypt's mighty dead. Cathedral, tomb, and statue perpetuate the memory of Europe's illustrious leaders. Temple, shrine, and abbey hallow the memory of the world's devoutest ecclesiastics. Shaft, and urn, and quadrega remind us of the famous warriors, philosophers, and statesmen of the world's history.

The human mind forgets. The monument reminds. All history is a reminder : hence a monument of the ages. We need to be reminded. Death with relentless hand sweeps into the insatiable grave the transient form of man and each succeeding generation would have to spell out anew a repetition of life's problems which had long ago been solved. We need the reminders left us as a rich heritage to the race. Reputation is not progress. And forgetfulness is the grave of advancement. The mainspring of intellectual activity is the memory and comprehension of what has already been achieved, and all development depends upon a former evolution.

We stand before a statue of Michael Angelo, and our emotions are stirred to harmonize with those of the great sculptor. In this way we honor the doer by recognizing the things done.

Music, poetry, art, science, philosophy, learning—all stimulate slow growth ; and the highest good is that which promotes the surest success, the most permanent welfare, and the greatest service. We listen to a symphony, and our souls are taught to vibrate with the very being of the composer. A great poem stirs our inmost self with the lofty imagination of the poet. A marvelous painting compels our admiration of the beautiful.

Around the name of Washington clusters the sentiment of Liberty.

Around the name of Lincoln clings the idea of Emancipation.

Around the name of Luther hovers the thought of Reformation.

Around the name of Hahnemann gather Liberty of Thought, Emancipation from Doubt, and Reformation in Medical Practice.

In building a monument to Hahnemann, we honor not only him, but ourselves. We seek not to deify the man, but to pay tribute to his greatness as a scholar and a philosopher. We seek to bear testimony in a substantial manner to our belief in the value of his Law of Cure. He taught the difference between a law and a coincidence, between a knowledge and a guess. He brought to a high degree of perfection the power of the thinking habit ; and his attainments stand as a constant incentive to the highest mental activity. We would honor not only the doer, but the doing ; and hope to perpetuate his example as an appeal to all investigators.

In subscribing to a system of philosophy and inculcating its precepts we show our esteem for the philosopher, and establish a tribute more enduring than monumental brass. But symbols seem to be one of mankind's established needs. Wherever a cross is raised there stands a monument to the crucified Christ. His worshipers, thus reminded of his death, look beyond the mere emblem, strengthen their faith in its teachings, and consecrate themselves anew to the adoration of his precepts. To adore a man or his image is idolatry ; to worship that for which it stands is religion.

In applying the doctrine of symbolism to Samuel Hahnemann by rearing a monument to his name, we do but recognize the universal need. He stands for a superior medical truth. We seek to stimulate the recognition of that truth. The elements of a martyr were in his personality. We strive to incite a reverence for those elements. A father in medicine, we acknowledge his paternity. A wise counselor in practice, we acknowledge his counselings. A past-master in the proving of remedies, we subscribe our faith in his provings. A lawgiver in therapeutics, we recognize his law.

The molten bronze is poured. The granite

block is hewn. And here stands the stately structure that shall remind us of what has been. Beneath its deep foundation we would gladly bury all the anathemas, all the obloquy, all the antagonisms that have been hurled against the world's reformers, bury them beyond the hope of a resurrection, and signalize the burial with the proclamation: "Peace on earth, and good-will towards men."

We commend that broad spirit of Congress which has furnished this eligible site, and the good judgment of our President, who did not withhold his signature from the act which made it possible for us to make our contribution towards embellishing a city already renowned for its works of art.

The city of Hahnemann's fatherland which once drove him from her doors now guards a monument to his memory. The city of his adopted country, whose enmity toward the fatherland is not yet extinguished, now shelters his remains within the sacred confines of her most celebrated cemetery. The Capital City of the world's greatest republic now receives to her protecting care this monument to his fame.

We give into your keeping this testimonial of our recognition of one of the world's most pronounced benefactors. Take it under the national protection and guard it as a cherished object of millions of our people.

We dedicate this monument to the earnest students in America. May they draw inspiration from the light of him who demonstrated that genius will assert itself and can reach its goal even in the presence of adversity.

We dedicate it to the profession of which he was so great a leader, that they may learn the value of self-sacrifice and persistent effort.

We dedicate it to our country, that she may be stimulated to perpetuate the fostering care which shall cherish the development of every truth that makes for the betterment of a nation.



### *HOMEOPATHIC THOUGHTS.*

By PAUL R. FLETCHER, M. D., St. Louis, Mo.

PERHAPS the obstacle which is most nearly insurmountable to the homeopathic prescriber of the present day is the careful dis-

crimination which is so entirely requisite to the correct interpretation of the symptoms presented by the patient. Of all the many medical pitfalls and by-ways, none is of such formidable character as that of erroneous interpretation. The question of most serious consideration, then, granting the above statement true, is how to overcome this dangerous mistake; how best combat within ourselves the ever-present tendency to fit the person to a preconceived picture of our own; to incessantly be attempting to put into the mouths of our patients the indications which we wish, paying too little attention to those which he unaided expresses; and how to so appreciate the symptoms vouched by the one interrogated that we may obtain a free, unreserved and complete picture of the sensations both mental and physical which he may experience.

On this point, to a far greater extent than any other, hangs, I believe, the fundamental balance of our system. It is the unique plan of questioning and interpreting which has made our school stand apart, peculiar and alone. It is this individualizing of each case in its entirety which has given to the homeopathic school one of its strongest points in the claim of separate distinction and a place second to none in the history of medicine. Until the days of Hahnemann and his clever inductive methods, the medical storehouse of nature was only a vast, unponderable mass of ill-fitting, inapplicable drugs. To his transcendent genius is due the orderly arrangement and classification of a great many drugs in general, and particularly those that were homeopathically proved. In doing this very work—arranging, proving, etc.—he impressed and demanded that the same care and scrupulosity be observed in noting disease symptoms and manifestations that were given to the observation of drug action; for on these two basic principles hung and still hang the independence and truth of the law of similars.

That a drug would cure a certain group of morbid symptoms similar to those produced on an otherwise healthy person by that drug, was not an apparent logical deduction, we will admit; but the result of one simple experiment gave the reasonable right to expect such subsequent action with independent remedies; and it was on this experimental supposition that the great ex-

pounder, Hahnemann, was led from the narrow practice of Hippocrates, Galen, Paracelsus, and other lesser luminaries of the dominant school to the full, broad light of the homeopathic law. The great stress laid by him, and subsequent lights of our school, on the totality of symptoms and the interpretation of the same, is certainly no less important to-day than sixty years ago. The far-seeing wisdom of Hering, when he uttered words to the effect that when we relinquished the inductive methods of Hahnemann we would exist only as a caricature in the history of medicine, showed his penetrating and profound knowledge of our possibilities and our limitations, and the absolute necessity of individualization. On this ever-present, everlasting question of interpretation has the homeopath stumbled and fallen, only to rise again more determined than ever to conquer the difficulty.

With this end in view the innumerable repertories of the past and present have made their appearance, but they have been inadequate from the fact that while they presented the symptoms lucidly and with a fineness of definition that was highly commendable, yet there was still found wanting the expressions that would convey to the reader the precise idea; there was still lacking the careful discrimination so necessary to a complete knowledge of the symptoms under consideration. Perhaps, with the exception of the indefatigable Jahr and the scholarly Boenninghausen, there has not been a homeopath since Hahnemann who has attached the proper importance to details; and, even more unfortunate still, some of our writers have omitted them entirely. This practice is clearly shown in our special literature, in which the identity of a remedy is entirely lost in the so-called "special indications," which are almost worthless to a homeopath attempting a homeopathic prescription in the full sense of the word. It is in this matter of apparently unimportant details that our school has gained her greatest triumphs: and let me add that, in my opinion, just as soon as we begin to attempt the complete elimination of the "rubbish," as some have designated these details—and most certainly the materia medica contains much of it—our cures will become fewer. Why? Because in the process of individual elimination the

good will go with the bad; and the result will be that in the dropping of *apparently* senseless symptoms we will sever the frail thread to which our true characteristics in many instances hang, and precipitate the most glorious truths and the greatest fallacies into the same abyss. Yet the feeling on the part of some of our greatest thinkers, that the materia medica homœopathica is still very incomplete, is founded on absolute fact. It is not only incomplete, but many times incomprehensible to the average mind; the incongruities are there in unmistakable numbers, but who among us is so wise that he can select the true from the false? The makers of our pure materia medica, Hahnemann, Gross, and Stapf, with the collaboration of many other earnest, devoted men, gave us some therapeutic gems, and naturally, through the universal law of human fallibility, allowed some erroneous indications to creep in. These unfortunate occurrences are often apparent in the reading of symptoms which show a well-nigh exact character, and to differentiate between them often becomes impossible.

Had we the philosophical mind of a Hahnemann we might, in the view of these later events, offer some ready remedy, but unfortunately there is not at the present day in our school another man with such attributes; and for this reason it appears to me that a re-proving of some of our more doubtful remedies offers the most rational solution of the problem; and even then we would have to contend with the same difficulties that beset Hahnemann, but to a far less degree. Perhaps one of the most potent causes of misinterpretation and failure in prescribing is the tendency of some of Hahnemann's followers to prescribe without any regard to the pathological lesions as pathological lesions; being open only to the peculiar symptoms manifested as a result of such conditions, thus bringing into their mental horizon, through this symptom-chasing propensity, a host of remedies, which, while superficially indicated and in their surface appearances passingly similar, are remedies which never have really produced precise similarities, and can therefore not cure.

Symptoms must arise from a cause, and only *one* remedy can be similar to symptoms so aris-



ing. By thus taking into careful consideration the pathological state we can frequently narrow down the field of our applicable remedies to a very few. In making this statement, I wish it distinctly understood that the writer is completely convinced at the present time of the entire adequacy of the law of similars to all curable conditions, in the restricted sense ; but it does not follow that from this belief we must also accept the idea that all such diseases are *now* curable through the application of the remedies of which we now possess a knowledge. Each remedy has its specific bounds, and is absolutely curative within those restricting points, needing only the proper interpretation of the symptoms to successfully apply it. In other words, a curable disease is one for which we possess, and for which we can apply, a similar. The ultimate curability of all diseases is a logical proposition ; the only element lacking being a sufficient number of well-proved remedies to meet every varying deviation of every possible case. Those of you who have studied thoroughly the homeopathic law of cure must reach one of two conclusions : either that it is a complete fallacy, or that it is an unconditional truth. I deny most emphatically that there is, or can be, any incompleteness in the law of like cures like, *as a law*. As a fundamental it is a finished foundation and needs only the broadening influence of all similars to all similars for the completion of its superstructure. There is no possibility of this law ever becoming entirely in harmony with its environment, as time itself will not endure long enough to allow the infinite application. Consequently, those of us who wish to see the science progress must apply ourselves to the unstinting study of the remedies we now have, and delve deeper and deeper into the pathogenesis of new ones.

The hidden recesses of nature have as yet been hardly disturbed and the future lies largely in our own hands, to accept or reject a more highly accomplished truth. Guardian Nature has never yielded *one* of her secrets without diligent inquiry, and when she gave Samuel Hahnemann the glorious law of similars, coming as by a divine inspiration, she opened a door which has not yet swung to, and

never will so long as zealous, conscientious, earnest men are ever ready to prevent it. Our possibilities are only limited by our own inclinations ; we can either continue the work so carefully begun by the founder of homeopathy or by our indifference send it down to humiliating oblivion. The tremendous homeopathic materia medica was not completed in a day, it took years of unceasing, unremitting, and often discouraging toil to render it as we find it, incomplete as it is. Yet, not for one moment did Hahnemann or his faithful disciples think of relinquishing the unequal task when convinced of its universal truth. Admitting, then, the defects—sad ones, too, be it said—now existing in our provings, we can still point with unflinching pride to a system which, with all its faults of elaboration,—and it is only in the elaboration that we have met and become aware of the more serious shortcomings,—is still the peer of all. Theories innumerable regarding the most philosophical modes of medical practice have been exploited from time to time, and each in its turn has disappeared into the deep, impassable stream of a forgotten past. Theories, did I say ? Yes, the theories which were not followed by that most necessary of all requirements—fact, demonstrable fact. Not so, homeopathy : the fact of the law of similars was present at the birth of the theory itself. The arguments advanced in support of the new school were so different from the vagaries of past theorists that eminent men—honest men—were quick to see its truth and plausibility.

Even that old allopathic stalwart, Hufeland, modified his practice, though he did not accept Hahnemann's ideas ; yet he declared him to be a great and illustrious physician. Thousands of cured ones remain as a living testimonial to the surety and power of the law of similia and its inestimable blessings. The old materialistic idea, which had been from time immemorial the bulwark of practice, was by Hahnemann relegated to its proper place, the background, and replaced by the most rational of all therapeutic laws, that of similars.

The great possibilities of our system, as shown at the present time, were not dreamed of at first, even by homeopathy's most enthusiastic advocates. The extreme attenuations so fre-

quently used now were, in Hahnemann's time, still in the realm of the unaccomplished ; but have now, by their curative action, proved the fallibility of purely material laws, as well in medicine as in all other sciences. Until dynamization, no one for one moment imagined that an agent other than of a ponderable and appreciable nature could influence disease. Men did not stop to consider the ever-present evidence of the subtlety of disease action and reason medicinal analogy. Physicians knew and recognized only that which they could feel, see, hear, taste, and smell ; and, following out this line of philosophy, attempted to counteract the effects of morbid agents which were entirely out of the scope of appreciable vision by remedies which, from their very lack of subtle character, could not possibly remove the morbid state. Extreme attenuation is, I affirm, on these grounds, a logical and reasonable process, when utilized for the correction of body disturbances. The unnecessary force applied to nature's defenses by antipathic and contrary medication along the lines of the dominant school is evidenced by the hundreds of incurable chronic diseases afflicting human life. As an illustration of this needless practice I mention the treatment of certain skin lesions by local applications ; of chancroidal and sycotic ulcerations with escharotics, such as nitric acid, sulphuric acid, etc. I challenge any physician for a good reason for such uncalled for, symptom-cropping practice when such conditions can be cured, as Hahnemann well says, "gently and permanently," by the indicated remedy. Diseases hitherto considered incurable have, since the advent of homeopathy, in many instances, been placed on the side of the curable. Every passing year adds a brighter page to our homeopathic advancement, and sees us pressing on to the accomplishment of greater things. The infant science so carefully nurtured by the "old guard" is still in its young virgin purity, cherished by those who through the past have borne the brunt of the strife, by those who were, and are still, ready to wage an unrelenting war for the furtherance of a vital principle founded on the Rock of Truth, and which the lamented Farrington declared to be "divine in origin, and therefore infallible." We need more men like Farrington

and men like Hering to perpetuate its truths ; men who are not afraid to speak and to practice what they believe ; men who do not feel called upon to become elastic in their homeopathics, for fear someone might think them visionary ; men who have courage born of honest conviction, and who never find an occasion to apologize for being believers and practitioners under the law of "*Similia similibus curantur*." When we have followed the elusive and chimerical winding way of an over-estimated, over-stimulated pathology to its last resting-place—the surcharged brains of men who pursue it like a will-o'-the-wisp only to meet disappointment—we will return again to the tenets of a practice which since its inception has, by every record kept, proven beyond cavil that to properly apply was to cure ; we will return again to the earnest study of drug provings, which alone offer the means of surcease to bodily pain ; we will return again to the folds of our medical orthodoxy, giving all due honor and just praise to the scientific advancement and application which have rendered to us the composite picture of disease through the medium of pathology, which exists now, as ever, only as an index to the morbid state, and whose only function is served by its elucidation of symptoms, and which by its very character can never be utilized as a means of removing itself—curing.

Yes, we will return again to a complete reliance on our system, taking what is good from pathology and excluding that which is false, remembering that every attempt which has been made to found a rational therapy on the limited grounds of pathology as an entity, has been an unequivocal and unquestionable failure. Pathology, which our old-school friends fondly believed would give the law of similars its everlasting quietus, has only served to make its truths more apparent. It was the "missing link" in an otherwise perfect chain. Gentlemen of the dominant school, we thank you for it ; we thank you for the midnight oil which you have consumed in the vain effort to find the means of curing poor suffering humanity ; we thank you, Professor Koch, for the little scavenger found in tuberculous lungs, and for the tuberculin for which your American colleagues scrambled in such undignified confu-

sion ; we thank you, Metchnikoff, for your truly scientific discovery of the nucleinic-acid theory of immunity—it is good, sensible, and is a careful discriminating exposition of similar action couched in scientific terms. Keep it up, friends, and ere long we will catch you, hard and fast, in our fine-spun homeopathic net. We need the pathologist and the bacteriologist, specialists who by devoting themselves to unbiased investigation into causes must, sooner or later, strike the adamant wall of the law of similars and drop, like Newton's apple, to the firm stratum of truth—homeopathic truth. Give the true scientific pathologist a chance, brother homeopaths, and he will reach conclusions which will startle himself as well as the homeopath who draws into his shell and gnashes his teeth, that anyone should dare to suggest something new under the sun. Protest, all of you, against the man who under the guise of homeopathy attempts to throttle advancement by scorning the opinions of old-school men, remembering that a law which is as sure, as certain, and as universal as that of similars need fear no light. Let the light of investigation be turned on homeopathy with redoubled energy ; let men in and out of the school attack it with ridicule and unreasoning bigotry as long as the world endures ; and I for one will continue to believe, practice, and teach it until I have good and undoubted proof of its falsity. Ridicule, abuse, and lies always live, parasite-like, only long enough to kill themselves. I have too much faith in the destiny of our school to allow the pessimistic element to dominate.

Why be cynical and narrow, in emulation of men whose greatness existed only in their own fancies? No ; take a firm stand on facts, and believe only that which can be proven, to your entire satisfaction ; believe that which is logical and apparent, and let us try *not* to emulate our old-school brother, who in the early part of this century sought to annihilate homeopathy with the dart of sarcasm and the club of abuse. Rather let us emulate the men who *know* the law of similars is true and, like Burnett, can give fifty—yea, fifty times fifty—reasons for the faith that is in them. And, in the words of the late Dr. John Hodgkin, let us say : "Should voices from the dead come to us, the cry would be,

More Light, more Knowledge for our profession.

3904 Russell Avenue.

♦ ♦

## Correspondence.



FRANK KRAFT, M. D.

### THE EDITOR'S LETTER.

LIVERPOOL, July 17, 1900.

THIS letter was begun shortly after entering upon our journey at Montreal. But in order to give it the semblance of a correspondent's letter I have recast it and begin again. We left Cleveland the night of the 5th of July, and when we got to the boat in which to cross the lake we found that we had run into a school-teachers' picnic from Pittsburg, and that these very nearly owned the boat. We had fortunately secured a stateroom in advance, and so had the pleasure of smoldering and stewing and broiling in an inside room for a few hours, with no hope of rest, to say naught of sleep. The typical and classical schoolma'am was there in all the glory of eyeglasses, short skirts, and moistened lips. When we reached Detroit on the next morning we met Dr. Malcolm Dills, wife, and son Holland, of Carlisle, Ky., ready for



the journey. At two o'clock we went to the Grand Trunk Railway, and soon found ourselves flying over the land like a special train. Our instructions had been to take an earlier train; but on making ourselves known to the agent he promptly took us into his experienced keeping and advised that we do not take that train, but wait for the late one. We found this to be good advice, and were thankful to the thoughtful agent of this progressive and courteous company in helping us along. The day was unseemly hot. But the train was not overloaded, and the accommodations for smoking and toilet very good. As I have said, it seemed more like a special train.

At Toronto we took sleeper, and were soon on our way to Montreal. Some of us who had not slept for several nights because of the awful heat, on this night wasted no time in winging need-less orisons, but went to sleep. On awaking we were in the outskirts of Montreal, and found that it had rained during the night, and was now agreeably cool. Promptly at 7.30 we arrived, and found our luggage in bond at the station; in a few minutes, with little or no red-tape officialism, it was released and sent to the docks of the Dominion Line. Our omnibus brought us to the same dock, and presently we were comfortable in our several staterooms, with outer wraps laid off and our necessary luggage stowed away under and about the berths. The usual disappointments awaited many of the travelers of our party. Those who had never been aboard an ocean steamer were surprised at the smallness of the *Vancouver*; having always believed that all ocean vessels were of the same pattern as the *Kaiser Wilhelm der Grosse*. Then, the staterooms were not as large as the bedroom at home. Sleeping in shelves seemed a horrible experiment, especially when you were put on the upper shelf. The absence of keys to the staterooms was remarked upon instantly. The glow-lamps were admired, and so was the ultra-cleanliness of the ship. It was an old boat, someone had said, but it is a good one. To-day (Wednesday, the 11th) everybody has naught but good words to speak of the ship, for its easy riding powers, and its steadiness to our unfortunate non-sea-legs, although the forward and after-ward dip is considerable. When in the berths the gentle rocking motion is inductive of good, calm sleep—something a few of us, myself in the lead, have not had for a good many weeks.

We left the Montreal dock shortly after nine, though the usual belated passenger had to be rowed to the ship after we were pulling out. We saw nothing of Montreal this time except some of its narrow, crooked, dirty streets and the French names over the shops. The sun was shining brightly, but it was cold and sloppy not-

withstanding. We intend to "do" Montreal on our return, if we are not too awfully homesick. We reached Quebec about seven of the evening, but did not go near the shore, the mail and some additional passengers being brought to us by tender. Among this lot came Dr. Nancy T. Williams. We touched, or were touched, at Rimousky for the last time, and since that time have been out of touch with the earth and will be so until we see Ireland and debark at Liverpool next week, probably on Monday or Tuesday.

I have in my party the following persons: Dr. Malcolm Dills, his wife and son, of Carlisle, Ky.; Dr. J. K. Reader and wife, from Ashland, Ore.; Dr. W. A. Price and wife of Cleveland; Mr. and Mrs. Herman Strater of Cleveland; Mr. and Mrs. Samuel N. Pentecost of Cleveland (our bride and groom); Mr. M. L. Coleman of Riverside, Cal.; Mrs. Annie S. Lewis of Youngstown, Ohio; Dr. Nancy T. Williams of Augusta, Me.; Mrs. Caroline Simmons and Miss Isabelle Farlinger of Morrisburg, Canada; Mr. William Westfall of Cleveland, Ohio; with myself, wife, and son Leo, making twenty in all.

The second day out we were suddenly surprised by bad weather, rain, and cold, so that our Sunday was a disagreeable one, very few venturing out on deck except to rid them of the possibilities of seasickness. Divine service was held in the saloon—meaning by that (for the benefit of the great untraveled readers) the cabin or dining room of the ship. This service was conducted by a Church of England minister. A little later, in the music room, there was Catholic service, there being a great many Catholics aboard, a good deal of French being spoken. On the third day we awoke to find that we were surrounded by a dense fog, which pursued us until near morning of Wednesday. During this time necessarily we went slowly, sometimes not above four miles an hour, and once or twice we stopped outright. The slow travel of the ship and its complete stopping changed the motion of the vessel from a dip to a lateral roll, so that a good many sought the upper deck or the seclusion which the stateroom grants. We have a table all to ourselves at the first sitting, and we are a jolly crowd. We have our sport and our little gossip, and are getting as well acquainted as if we had always lived together in the same neighborhood. So far there has been no vacant chair at our table except for one meal, at which time we missed two of our ladies and one gentleman; but this morning everybody showed up. We are much troubled in mind and stomach because of the frequency and plentifulness of meals. We have no more than filled up at one meal and gone above for a walk of an hour when the bugler bugles for another

meal. I have had so much work laid out for the quiet of this trip that I am surprised how the time slips by. We have "in our midst" a famous singer who candidly admits that his name of Jones is an assumed one. Why he travels incog. he alone knows. I don't believe it is because of any very heinous crime committed; but rather because he dreads the effects upon us poor mortals from the States if the full effulgence of his august and artistic name were suddenly thrown upon our dazed and unappreciative minds. I will say, however, that he looks like a Dutchman; that he sings with a French accent; and that he walks like a man from anywhere who was proud of his understandings. He is a good singer and fills the music room with his voice and with a large and enthusiastic audience. He has twice sung "Jerusalem" for us, and has done it most beautifully. Shuffleboard and quoits are the games out of doors; while cards and chess and checkers and Jenkins hold the boards within the saloon.

We had an accession to our ship number the night before we reached Montreal, in that a company of thirty-five or more came here from New York who had been booked for one of those steamers which had been burnt at Hoboken. But our own good ship was already so badly crowded that nothing better could be done for them except to give them steerage berths with a special table prepared for them. This was a bad come-down for these excursionists. They had paid for good travel and board, but had to take this or nothing, as everything in New York was taken. Many of them being delegates for the Christian Endeavor at London, expedition was necessary. I am very glad that I have had no trouble to carry out my ship promises thus far. Every promise made me by Mr. Macfarlane, the Montreal agent of this, the Dominion, line has been scrupulously fulfilled. Some of our staterooms are not as handsome as others, but on the whole the air of comfort and content is rapidly spreading, so that one lady, who on the second day said she would give one hundred dollars if she were at home again, this morning said she wouldn't give up the trip for several farms.

We were a little alarmed yesterday because of the fog, lest the slow gait at which we were rolling along might seriously interfere with our early arrival at Liverpool. And if we reach there late we will also be late at the International Homeopathic Congress, and so miss the opening exercises. We have now no intention of stopping in England, save possibly one night in London to break the journey and prevent a night journey across the Channel. On our return trip we shall "do" England and

parts of Ireland, and then we will do it up "brown."

It seems that because of the ice which fills the Straits of Belle Isle we have had to change our usual course and go southeast. It has also happened that yesterday and to-day we have had fog to burn, which has sadly interfered with our getting along, and we are but feeling our way along. The story to-day is that the captain doesn't know where we are "at"; also that we are ninety miles out of our course. The other penny-dreadful stories have not yet materialized that usually come to the fore on every voyage across the sea. We are now looking with anxious eye and bated breath for icebergs on our left. If we find any of them we will be glad to give them the go-by. For a few hours the novelty will be very great and furnish topic for conversation; but, thereafter, remembering how icy-cold the atmosphere always is which envelops and accompanies these floating monsters, we will be glad to know that they have disappeared and left us without harm.

We have quite a varied company on board. We believe that most every State of the United States is represented. We have at our table one little lady who comes to us all the way from Hawaii. Serious sickness we have had none. One man had the misfortune to have his right hand badly bruised by a falling cable and pulley on the first day—indeed, at the moment of loading the baggage onto the vessel. I have seen him to-day, and he feels very much better. On one day a lady was said to have fallen and broken her arm above the elbow. But this proved to be one of the stories made out of ocean water, like the gold which some industrious party in the Eastern States manufactured out of sea water. The water, as we look at it from the sides of the vessel, looks like very thick black paint put on in very fine layers with a palette knife. At the stern, where it is being lashed by the wheel, it takes on a beautiful turquoise hue and ends in little fine, foamy whitecaps. The air is really splendid. There is no disposition to be anything but happy to-day, and the only complaint I hear is the desire to sleep so much, this awfully lazy feeling which creeps over one as he reclines in a steamer chair on the non-windy side of the steamer. Those who have not slept for weeks or months are now able to sleep the full night through and awake in the morning when the bugler bugles for dressing and later for breakfast.

It is one of the marvels of steamshipery how this steamer is able to give us watermelons and peaches and pears and other fruits in season at almost every meal. We have fresh-cut flowers on our tables every day. Instead of bells for

calling the hungry to the table, one of the table-stewards takes a cornet and placing himself in different parts of the vessel at different times calls the faithful to table. In the morning he fills our hallways with his music, and makes us open our eyes and swallow small swear words for not letting us sleep on in the sleep of the peaceful and the just. It is not a very graceful sight to see the gentler sex sprawled out on extension steamer chairs feet up and toward the walkers, themselves all covered over with wraps and rugs.

Reading matter is not very plentiful. Some are browsing in paper-covered "David Harums." "To Have and to Hold" is holding a few. "The Gentleman from Indiana" is meeting some friends in our party. "Three Men on Wheels" is said to be as funny as his "Three Men in a Boat." Newspapers are carefully saved and re-read, mattering not what date. It is one of the remarkable parts of a ship voyage that we are cut off so absolutely from all possible communication with the outside world. Now we don't know how the Vice Presidency is getting along—whether Our Teddy is still running with McKinley—whether Bryan is content with his renomination, and whether old Adlai will add anything to the strength of the Democratic ticket. We don't know what our brethren are doing in our professional walks. Whether they have taken any of our star families from us or not; nor even whether they have not cured up some of those upon whom we have depended for years to pay our coal and gas bills. And possibly some of them have died. But in this latter event we are excused the death certificate. I think all of our party are beginning to appreciate the courtesy of this steamship company in providing for our comfort and convenience; for we are comfortably housed, are warm, and well fed.

I have with me McElwee's pictures of the Washington unveiling, and have had the pleasure of explaining to several of our fellow-passengers the beauty of the monument, and the honor of the visit and attendance of the President of the United States to its unveiling. It was a wonderful occasion, and does not diminish as it lapses into the past. It was a record-making event. I delight in dwelling upon it, and especially when in conversation with others who were not present at Washington, and yet others who had not heard of any monument. I want to be present at the unveiling of the Paris monument on the 21st of July, and will, if I am in time, make use of my camera and send copies to be used by the AMERICAN HOMEOPATHIST.

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We have had several kinds of weather since I wrote the last paragraph. It has been medium

warm and very cold by turns. Then a most powerful wind fell upon us from the front and held us, and is holding us to this moment, so that we do not go above 310 miles in twenty-four hours. To-day is Sunday, the 15th, and the wind blows and the waves roll strong and heavy. It is at times unpleasant to sit upon deck because of the over-sweeping of some wave a little heavier and bolder than its companions. A good many of the early risers, who by that strange device managed to pre-empt good places for their steamer chairs, have been compelled to abandon their cherished corners or else be drenched with sad sea waves. The atmosphere, however, is pleasant, very pleasant, the sun shining and hiding by fits and starts. The sky and sea are both very beautiful, and a good many snap-shots have been taken to-day and yesterday of the pretty effects in color. Last night was a marvelously beautiful moonlight scene while it lasted; and many a couple of tender years sat in dark corners or walked the deck in blissful certitude that there is nothing like a dark place on board ship in which to make love. Real seasickness we have not had in our party, except for a few hours on last Sunday. Our ladies are really surprised how well they have become accustomed to the dip and roll of this steady old vessel, when they remember that at home, on land, they are not able to ride in a street car with their backs to the driver. The days and nights have passed very rapidly, and with but little tediousness. There have been all kinds of amusements provided to occupy the time. On Friday there was a tug of war between the Canadians and the Americans—that is a common way of distinguishing our cousins and ourselves on board ship and abroad—in which the Americans bore off the victory. A tournament of shuffleboard was also played. I have been too busy with my *Blickensderfer*, which is kept clicking most of the daylight hours, to take any part in the games. Last night there was the customary concert given for the benefit of the Sailors' Orphan Home. The man with the incog. name gave one or two solos very well; others in the list gave us recitations and solos and instrumental music galore; but the best number of the entire concert was the cornet solos by the table-steward who has been calling us to our prayers and meals. He was a distinct revelation to all the passengers. He gave "Jerusalem" and one other selection with great beauty and sweetness. The passengers now are wondering why a man with a cornet education is waiting on the table of a Transatlantic steamer. We are told that he is but recently out of the army. The crew, so far as we have come in contact with them, are very gentlemanly and kind. They



anticipate our wishes and make us feel at home. I found this true as well on the former journey taken with this same Dominion Line in 1896. From the chief steward on down the line, every man we approach is ready to serve us and to do it in a way that puts one at ease. The passengers are beginning to appreciate the value of this tried old ship and its excellent sailing qualities, and will speak well of it when they have debarked from it the last time. She rides the heaving billows to-day like a queen.

In conversation with one of the conducted parties which came to our vessel the night before sailing, I note the difference between a professionally conducted party and one taken by an amateur like myself. This personally conducted party was to have sailed from New York in time to reach the Christian Endeavor convention in London. The Hoboken fire occurred, and they were sent here as a last resort. The accommodations upon our ship at that late hour, of course, were inadequate, and in no sense reached to the expectation of the passengers who had paid a nice little sum for their transportation abroad. The money, however, was ventured, and could not be returned. But because of the delay in the start and the change of journey, they cannot be in London at all, but must be shot through to Antwerp and other places, in order not to lose the hotel dates, which have been set and cannot be changed. They must be occupied upon the days agreed, or else they are forfeit. Hence these tourists, who expected to spend three or four days in London and an equal number of days in Paris are doomed to disappointment if they stay with the tour; and they cannot leave the tour except at their own expense. And there you are. Of course the firm which conducts this tour did not cause the Hoboken fire, and hence cannot be held blameful for the change in the starting-point. But I have the advantage of them, in that I had my steamer arrangements so fixed that in the event of such an accident I could have cast my passengers elsewhere. So now, while we are a large party, we are all together and content. We have agreed to accept what comes and make the best of it. Many an excursion party to Europe this year will have sad tales to relate when they come back to America. The steamships alone will be bad enough, but the other horrors to be met and endured in a strange land will be yet greater. Excursions as a rule, the world over, are mistakes and misfits. Some people will take an excursion train with a reduction in the tariff of a few pennies, and then put up without seats, without drinking water, without comforts of any kind whatever. It is that old saw about the penny-wise and pound-foolish. I have

some suggestions for those who travel across the ocean. One of these is never to board a steamer without a hot-water bottle. When the weather is raw and cold the staterooms are necessarily cold and damp. Warmth is something that is at a premium on board a ship. The saloon, and certain parts of the ship intended for the assembling of the passengers, are warm enough; but not the stateroom. And this salt air is a very nipping and eager air. Another item is colored spectacles. Someone has recently written that red spectacles are preventive of seasickness; be that as it may, a pair of smoked glasses are very easy and comforting to a pair of tired eyes, lodged in a head belonging to a body wrapped and mummified on a steamer chair on the warm side of the vessel. We expect to see land to-night or to-morrow morning early. This will be a glad sight for all kinds of eyes, whether they are spectacle-clad or naked.

I must not forget to state that a few nights or evenings ago some of the C. E. people in the second cabin began among themselves to sing American songs. It was but a few moments before every American in our cabin had crossed the "dead-line" and was singing with heart and soul. The American flags nestling in the pocketbooks of the various passengers were taken out and aired while "America" and "Star-Spangled Banner" and "Suwanee River" and "Old Kentucky Home" were being poured out from patriotic hearts upon the welkin and noisy waves. To become a good American cross the ocean and lose sight of your country for a week, without newspapers, without communication from anywhere, and you will feel the thrill of patriotism whenever someone speaks or sings of America. We speak American, thank you, not English.

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This is not the night before the battle, mother, but it is the night before landing at Liverpool. We have been in sight of the Irish coast since ten this morning, and it has completely changed the current of interest and conversation. We have all forgotten about the necessary discomforts of a cribbed, cabined, and confined life on board an ocean steamer; I have heard no complaints to-day; there have been no incipient riots because somebody moved somebody else's steamer chair from a favorite spot a few inches; the man with the kodak and her sister is very numerous to-day. It seems to me as if every passenger on board has slung on him some form of a camera. We shall not stop at Queenstown; and, indeed, at this moment, late after dinner (supper), we have not yet come in sight of it. But we are due at Liverpool to-morrow about noon. So that we will be in London for supper

and a bed four or five feet wide, where we can stretch and enjoy the luxury and sense of freedom from sleeping in a mahogany trough on a top shelf.

This morning every member of our party showed up on deck. We have not been able to make up our lost day, so we will arrive in Paris, all other things equal, the evening of the first day of the International Homeopathic Congress. The weather to-day has been most charming for being on deck. Everyone was happy and contented. The man with the hurt hand is about, and feeling better. By some peculiar coincidence a lawyer was found on board, and he has made himself very necessary to the receiver of the accident. Some effort was made for several days to have me examine and pronounce upon the wound. I managed, however, to escape it. I have no wish to remain abroad a year or two as star witness in a damage suit. We have on board the mother of our good friend Dr. H. M. Patton of Montreal.

As we are about to leave ship, as I predicted, there are loud praises of her steadiness and excellent seagoing qualities. It was unfortunate that the good ship had to be crowded so badly. But many who waited until the last moment knew this would be the result; and yet they are among the chief complainants. We will return in this same ship on August 30, and have, already, our berth numbers in our several and respective pockets. We have also here in our midst a doctor from Montreal who has been knighted, and goes to England to get his letters-patent or whatever it is they call it over there. He is a very pleasant old party, and divides his time equally during the day between chatting with the female members of our passenger list, and sleeping in odd corners of the saloon or on deck propped up with pillows and swathed in gorgeously colored wraps. My next letter will be either from Paris, or have special relation to Paris and its ong-vee-rongs.

THE EDITOR.

LEXINGTON, ILLS., May 29.

AMERICAN HOMEOPATHIST: In the April 16 number of your journal I wrote an article on *Sabal Serrulata*, in which I gave a description of a good article and who made the genuine article from the fresh green berries. I mentioned Burrough Bros. of Baltimore as the manufacturers of the only good preparation I have ever received.

I have since then ordered from them, and received some that was not good. I returned it to them, and they sent me a better preparation, stating that last year it was impossible to obtain a supply of the fresh green berries, as they had done before.

I have exhausted all of my supply of good article sending samples to different physicians who sent to me for same.

I have used every known preparation of it, and I have never liked any but Burrough Bros.' preparation of the extract. Below I give some tests and a description of it:

Fluid extract made from the fresh green berries as they are maturing.

Dark-green color, drops of oil floating on top. It has a sharp, pungent taste and sharp odor. When poured into water it turns a much lighter green—as green as grass, or some lighter. Floats on top of water until well stirred.

When taken in doses of 15–30 drops of fluid extract will produce at first a slight vertigo followed in a few hours by dragging sensation in loins and tenderness and soreness of testicles. A full, heavy sensation in region of the bladder and prostate gland; frequent desire to urinate, with erections. Some burning. Urine red.

Other preparations, such as the dark-colored made from dried berries and the seeds, and aqueous extracts, will not produce any such symptoms, even if 4 drams of the extract be taken at a dose.

I could name the manufacturers of said preparations which I have tried, but prefer not to do so. With this description of the drug and its provings anyone can be able to tell a good preparation.

C. A. ESTEP, M. D.

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### NEW YORK'S JUBILEE.

DR. H. D. SCHENCK at Washington announced to the Institute that the New York State Homeopathic Society would have a jubilee meeting this coming fall which would be in very deed a jubilee meeting—one of the old-fashioned kind. He said that there would be special addresses by many of the most eminent men of the profession, and that the regular bureaus would be in charge of men who would put forth an especial effort to make this the banner meeting of the society.

The special addresses will be as follows:

1. Homeopathy Fifty Years Ago, Conrad Wesselhoeft, M. D.
2. Homeopathy in the Twentieth Century, J. B. G. Custis, M. D.
3. Is the Separate Existence of the Homeopathic School still a Necessity? J. H. McClelland, M. D.
4. Homeopathy in the Public Service, B. F. Bailey, M. D.

5. How to Promote the Cause of Homeopathy, T. Y. Kinne, M. D.

6. Homeopathic Societies, C. E. Walton, M. D.

7. New York State Homeopathic Society, 1857-1900, H. M. Paine, M. D.

The bureau addresses will be as follows :

1. Homeopathy in Clinical Medicine, J. W. Candee, M. D., Syracuse.

2. Homeopathy in Gynecology, J. M. Lee, M. D., Rochester.

3. Laryngology and Rhinology, F. D. Lewis, M. D., Buffalo.

4. Homeopathy in Neurology, Selden H. Talcott, M. D., Middletown.

5. Homeopathy in Materia Medica, W. S. Searles, Brooklyn.

6. Homeopathy in Obstetrics, L. L. Danforth, M. D., New York.

7. Homeopathy in Ophthalmology and Otol-ogy, E. J. Bissell, M. D., Rochester.

8. Homeopathy in Pediatrics, Leslie A. Martin, M. D., Binghamton.

9. Homeopathy in Public Health, John L. Moffatt, M. D., Brooklyn.

10. Homeopathy in Surgery, De Witt G. Wilcox, M. D., Buffalo.

In these bureaus the number of members will be limited to fifteen. From this we may reasonably assume that there will be a gala time, and one in which the profession may most heartily join.

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### THE NEXT INTERNATIONAL HOMEOPATHIC CONGRESS.

IT is yet too early to predict the place for the next session of the International Homeopathic Congress. But if the same spirit dominates as was very much in evidence at London in 1896, the next session will be most likely in St. Petersburg, Russia. This will be a novel point to visit for most Americans ; if it is so decreed, we give this early notice that we will take another party to that Congress, and will do so whether the American Institute by its later appointment of an official committee ignores us on its International committee as it did in its last Congress appointment, when it

appointed three members who have not been able, so far as we have heard, to secure a single member of the Institute for an Institute party. Well, that is all past, and the grave of our disappointment is duly grassed ; so we look forward through our buried hope to the newer Congress, when the Institute may not deem it either wise or politic to confuse matters as badly as was done in its last appointments. The journey to St. Petersburg will be a decided novelty in many respects, and will obviate that perennial excuse of members to whom we have extended an invitation to accompany us this time : " There is nothing in London or Paris worth going over for. We have been there, and know those places better than our own cities." But St. Petersburg will attract where the other places would fail in every way. Prepare your plans to go to St. Petersburg in the event of the next Congress meeting there ; and see to it that your star patients do not get ill the week before the date set for the sailing.

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### Globules.

One thing to remember is that Dr. Given's Sanitarium at Stamford, Conn., is a good place to send patients who have nervous or mild mental diseases, or who need special treatment for drug or alcoholic addiction. The location is on a hill overlooking Long Island Sound, and is one hour's ride from New York, with forty-two trains each way daily.

The Sanitarium is arranged on the cottage plan, and is homelike, cheerful, and pleasant. The rest treatment, massage, baths, electricity—faradic, galvanic, and static—are utilized, and it is a scientific, up-to-date institution.

"Because of its efficiency, cleanliness, and the ease with which it may be used Platt's Chlorides has always been my favorite disinfectant."

J. T. HARRINGTON, M. D.,

City Physician, Waco, Tex.

Jousset's life work on Practice of Medicine has been translated from the original unpublished manuscript, and will shortly be issued from the press of Chatterton.



# The American Homeopathist.

SEPTEMBER 1, 1900.

FRANK KRAFT, M. D., CLEVELAND, OHIO, EDITOR.

## OUR PORTRAITS.



WALTER SANDS MILLS, M. D.,  
New York.

## A SURGICAL BLESSING IN DISGUISE.

CASES are on record in which assault and battery committed on the human frame has had a curative effect probably not intended by the perpetrator. In one of these a garroter, who relieved a distinguished physician of his watch, is said to have relieved him at the same time of a goitre by the pressure applied to the throat *secundum artem*. We have also heard of a post-pharyngeal abscess being ruptured by throttling, with the result that the patient was cured. So far as we know, however, there is no instance, modern or ancient, in which a stab in the belly has proved to be a surgical blessing in disguise. Such, however, if we are to believe the

Philadelphia *Medical Journal*, was the result of a wound recently inflicted in a free fight in Williamsburg. One of the combatants suffered from appendicitis, but had never been able to screw his courage to the sticking point of operation. In the fray someone considerably stabbed him in the abdomen, and when taken to the hospital the surgeon found the way to the peccant part opened for him by the assailant's knife, and removed the offending appendix with the greatest ease. The stab must have come at an opportune moment, for the man is said to have been in a bad way, and an operation was urgently needed. He is reported to be doing well, and it is to be hoped feels grateful to the involuntary benefactor who performed the preliminary part of the operation.

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## THE INSTITUTE JOURNAL.

THE *Medical Visitor*, so far as we know from reading our contemporary journals, is the only upholder of the idea of publishing the Transactions of the American Institute of Homeopathy in journal form. And the editor, very ingenuously, puts himself into his editorial as willing to accept the editorship of that Institute journal at twelve hundred a year. Of course this suggestion is made in a Pickwickian sense; but we all know that many a truth is told in jest. We do not believe the best interests of the Institute would be served by the adoption of this course—the publication in journal form; we have nothing to say at present as to the competency of the *Medical Visitor* editor to conduct the Institute journal successfully. That may be matter for later discussion. We do not believe that the Institute will seri-

ously entertain the blanket-journal proposition. Beckwith opposed the amendment at Washington and cited the instance of the American Medical Association(?), which, after a number of years' trial of the journal form, had now again returned to the Transactions in book form. There has never been any honest objection to the publication of the Transactions in their present form, except the lateness of their appearance. And for this, as has been abundantly shown, the membership of the Institute is itself mainly at fault. The expense of an Institute journal is a considerable factor to recognize. The beginnings of such blanket-journal would require either the possession of a "plant," or else the putting the job out to some job printer under control of the job editor. And an editor who could afford to give his whole time for a year for twelve hundred dollars to a blanket-journal to watch over it and send it out wouldn't have any time to practice medicine. His whole time would necessarily be in the journal. And this Institute needs practical, professional men to attend to its affairs. Book-physicians and book-homeopaths and editor-physicians and college-physicians are well enough to read off the platitudes of homeopathy from a college desk, or to fill up good clean white paper withal; but they have no business in the Institute's high places. The present general secretary, a man famous with the editorial pen, would be undoubtedly the best man for the Institute journal's editorship. Still, who would care to have that trenchant pen locked up in blanket-papers, with never an opinion of its own? For it stands to reason that such editor ought not to be editor, also, of a wide-awake journal with an opinion, any more than it is proper for a college professor to sit on the State Examination Board in judgment of his own students. Let the Transactions stand as they are now. The correction of the few faults which yet appear in their dilatory appearance, may, in time, be wholly overcome. The Transactions have long since ceased to be what they were intended to be at the beginning—the only record of the papers and doings of that Institute. Now not a single paper offered to the Institute escapes the contemporary journals. It appears long before the Institute Trans-

actions are put into type. The paper from which it is read in many instances is the revise of the printing office, which will print the paper within a week after its reading and flood the land with reprints. The doings of the Institute are chronicled in the journals at once. So that the only plea for the continuance of the journal idea—that of the quick issuance of the sectional paper—has but little weight with the profession. The Transactions are to be preserved because they are of the order of records, and not because, as in the first time, they were practically the only means whereby to reach the membership.

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### **Materia Medica Miscellany.**

Conducted by J. WILFORD ALLEN, M. D., 110 West 12th Street, New York.

References in this department are made by number. See issue of January 1 or December 15 of each year.

#### ***Calendula.***

This is what Jahr has to say of this remedy ("Forty Years' Practice": here quoted in Hom. Recorder):

"Even in gunshot wounds, where the whole limb is shattered, calendula is indispensable. During the coup d'état of 1849 I treated several cases of this kind, with my colleague Crosario, among my most intimate friends. In treating the wounded with arnica we had already lost two of pyæmia, who would rather die than have their limbs amputated; after reading Dr. Thorer's observation in Staph's new Archiv. Vol. III., No. 1, we used calendula from this time forward. The result was exceedingly brilliant. In the case of a young man whose upper arm was entirely crushed, and who was unwilling to have the limb amputated, the continued use of calendula enabled us to extract all the bony splinters without any suppuration setting in; the arm healed with dry granulations, and although somewhat distorted yet the limb preserved a tolerable shape and patient's life was not sacrificed. This was the result in every case where the splinters had to be cut out and the soft parts had been horribly contused and lacerated. In all such cases calendula is indis-

pensable to prevent suppuration, and will always prove more efficient than any other remedy."

### *Calcium Chloride as a Hemostatic.*

A case of hemoptysis is reported by J. Lee Hagadorn,<sup>30</sup> in which he gave two grains of calcium chloride every two hours with the very best results.

He gave it in the form of a ten per cent. solution, and the effect was at once noticeable, the hemoptysis ceasing altogether in a few hours and never returning.

The patient had been injured by two men jumping on his chest in a fight.

The author also used it in two cases of excessive flowing at the menopause with very prompt and gratifying effect.

He thinks it promises to supply the much-longed-for clotting agent in hemophilia, as it has already removed from this alarming condition much of its danger.

### *Effects of Acidum Muriaticum.*

Dr. Goullon<sup>8</sup> says :

Muriatic acid is a favorite remedy of allopathy. It is given in routine fashion as a stimulant, or, as it was formerly denominated, a stomach-remedy. It is also given as a substitute for pepsin-wine. More scientific physicians first determine whether the stomach contains too little or too much acid, acetic acid and lactic acid being considered as well as muriatic acid. If there is already an excess of acid, additional acid in the form of muriatic acid could only be given according to homeopathic principles and only in correspondingly minute doses. Now, we may dispute as to what a minute dose in this case might be. The essence of homeopathy per se is not, as we know, tied to the minuteness of the dose ; on the other hand, acidum muriaticum, as well as the other mineral acids, is already in an active state ; i. e., needs not to be diluted, and can nevertheless claim to be homeopathic.

In this case, no allopath would think of giving the remedy in the form that we hold best, and which experience, the highest court of appeals in such disputed questions, has decreed.

Where there is an actual deficit in acids, a lack of the same in the digestive fluids (the gastric juice) which ought to be supplied, in other

words, where chemistry is the leading factor, there only allopathic doses can avail.

A physician of extended practice, Dr. J., in N. (now deceased), owed a good part of his renown to a skillful use of muriatic acid in comparatively large doses, by which the lacking appetite was restored and the digestive faculty measurably increased.

To give some direction as to the use of acid. muriat. from our point of view, I will state the dose which proved useful with one of my patients. He himself said : "By thinking upon it, my choice fell on diluted muriatic acid, which may be bought in any drug store, and which has been so much praised of late. I poured 5 drops into 50 grams of water and sipped it while eating dinner and supper, and it always benefited me, and I am no more troubled so much in the evening with distention of the abdomen. My sleep is good, my appetite improved, and my stool comparatively good."

Of course acid mur. 1 or 2 dec. will do the same service.

### *Some Drugs Acting on the Liver.*

According to the Medical Advance, in congestion or inflammation of the liver, with most violent burning pains, and a nondescript soreness in the whole hepatic region, laurocerasus should be consulted.

When the pain begins in the region of the gall-bladder and shoots to the epigastrium and umbilicus, and there is characteristic throbbing and aggravation from jar, belladonna.

When the pains radiate, berberis.

Dull, aching, and explosive or bursting pains in the region of the gall-bladder, compelling him to bend double ; bitter taste and much slime in the mouth, natrum sulphuricum.

The sensation as if the liver dragged over when lying on the left side, which has been observed under natrum sulph., magnesia muriatica, and ptelea trifoliata, is a common symptom in liver troubles. He can hold the liver still only by lying on the right side or back.

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**Says Fordyce Barker :** Give iron when the menses are scanty and lack color ; give arsenic when the flow is too profuse, prolonged, or frequent.



## HOMEOPATHIC THERAPEUTICS.

By SARADA PRASAD ROY, M. D., L. H. M. S.,  
Burdwan, Bengal.

HOMEOPATHY in the land of pagoda trees is still much at a discount. India has been making giant strides in the path of progress, and goes hand in hand with all the most enlightened lands of the earth in all matters but this most important of all the healing arts. One has to create a field for homeopathy in Bengal, and but for the enterprising habits of some of the leaders of this profession this art would have been occult and sealed to the eyes of the modern sons of Bengal. A homeopath has thus to contend against enormous odds in pushing his way on; he has very few teachers to resolve his doubts, and hence the following remarks may be useful to a helpless Indian physician—what I offer to you to-day has been collected from the kitchen-garden formed for my individual use.

I will make no apology in submitting some commonplace remarks on homeopathy, inasmuch as they are the outcome of long experience and lifelong study.

### A WORD ON THERAPEUTICS.

There are two modes of homeopathic therapeutics, viz., *a priori* or symptomatic, and *a posteriori* or pathological therapeutics. The strict followers of Hahnemann memorize their materia medica, which has been laid down by Hahnemann in the *schema* form; it is a mere collection of an unconnected series of symptoms in anatomical order; and at the time of treatment they first observe only the outward symptoms of the patient from head to foot. They then select a medicine covering all these or most of these symptoms; they care little for ætiology, pathology, and diagnosis of diseases.

The second or *a posteriori* mode of therapeutics is (1) to examine a given case thoroughly by physical diagnosis, and after ascertaining the true nature of the disease—whether it is functional or organic, inflammatory, zymotic, or otherwise—the physician (2) takes into account the subjective and objective symptoms; he, moreover, sees what tissues or organs are affected by the morbid process, and when he

satisfies himself about the diagnosis of the case he goes over to his materia medica to seek a medicine which produces in a healthy man the alterations of functions or tissues observed in the system of the patient. This mode of therapeutics is more effective, scientific, and positive than the first.

The applying of an *a priori* mode is meaningless and irrational, because one symptom of a given medicine is similar to that of various other remedies; for example, aconite has a dry, fatiguing cough; this symptom is observable in belladonna, hyoscyamus, drosera, and others. Under such circumstances we are likely to fall into error if we administer a medicine in a case of cough by merely seeing only the outward symptoms of the cough, *i. e.*, it is dry or loose, how many times the patient coughs in a minute or so, its time of aggravation, and other external circumstances which aggravate or ameliorate the cough. We shall have to change medicines too frequently, with gross failures. But if we start with the primary causes—such as the inflammatory affections of the air-passages, or some irritations there, or elongation of the uvula or enlargement of the tonsils, nervous or gastric disorders, we can at once ascertain the real seat and cause of the disease and hit the mark at once. A certain medicine has its focus of action on certain parts, and can therefore affect certain tissues and organs. For example, all the serous membranes of the human body are affected by bryonia, hence bryonia can cure pleurisy, meningitis, pericarditis, synovitis, peritonitis, etc. Similarly, belladonna can cure conjunctivitis, cerebral hyperæmia, trachitis, because it can produce such diseased condition in a healthy man. Thus every medicine has its elective affinity for some tissues or organs.

But each medicine has its characteristic indications; in other words, it is applicable in a certain stage of the disease, but not later or earlier. Thus, bryonia is applicable in inflammations of serous membranes when the inflammation attends its second or exudative stage and all the symptoms are aggravated by the slightest movements, but belladonna is to be administered at an early stage of the inflammations, when the capillaries of the affected parts are

highly congested and the patient is very fretful—the slightest sound, light, or noise aggravating his sufferings. In eye-diseases the patient can scarcely open his eyes on account of photophobia and feels his eyes dry and the presence of sand in the eyes. It means the congestion in the conjunctiva, but without any secretion or exudation. Therefore belladonna is applicable at a very early stage of conjunctivitis. But as soon as the secretion of muco-pus commences, belladonna ceases to act any more. We must then have recourse to some other medicine, *e. g.*; pulsatilla, euphrasia, mercurius, sulphur, etc., according to the circumstances of the case and the particular stage of the disease.

The characteristic indication of each medicine applies only to a particular disease or diseases. For instance, *carbo veg.* has the characteristic indication that the patient wants to be constantly fanned. But we cannot administer this medicine by observing this outward symptom only, because there are various other diseases or stages of diseases in which the patient wants to be fanned constantly, although *carbo veg.* has, in fact, no affinity for such a disease. In the case of intra-cranial tumor also the patient wants to be fanned, but we cannot apply *carbo veg.* to this case, as the medicine has no affinity for the disease. Such is the case with asthma, as well. Asthma means the spasmodic contraction of the bronchial tubes, but *carbo* has not the property of controlling or relieving such contractions, and so the medicine would not act.

*Carbo veg.* can be used in such cases where the oxygen-carrying power of the blood corpuscles is impaired by any disease and the patient wants to be fanned. The patient wants to be fanned because the blood corpuscles cannot absorb a sufficient quantity of oxygen, and what the patient wants is simply to be supplied with oxygen in sufficient quantities. Hence *carbo* is applicable in such cases because it brings on the same symptoms in a healthy man. Thus, the characteristic indication is not merely the outward symptom, but it is a certain kind of physiological and pathological state.

Let us take into consideration another example of symptomatic treatment: vertigo may be brought on by various causes, such as

anæmia, hyperæmia of the brain, or general debility or gastric disturbances. Therefore our prescriptions should be different for different conditions, but if we glance at the repertory we see more than a hundred medicines prescribed for the same disease, and if we are not guided by a consideration of the primary cause we are quite at sea to choose the right remedy.

If it is caused by cerebral hyperæmia, aconite, belladonna, veratrum viride, etc., are not applicable in all cases. They must have their own characteristic symptoms. These characteristic symptoms mean the peculiarities of each case. Every human being has a peculiar constitution, temperament, and idiosyncrasy of his own. Hence he must have a medicine which corresponds with his illness. The characteristic symptoms are essentially necessary in practice and application. But the totality of symptoms in an unconnected series is not necessary in actual practice or application.

If it is caused by anæmia we should prescribe the remedial agents which are appropriate to such condition, such as china, ferrum, etc. Lastly, if it is caused by gastric disturbances we should try to correct this morbid state by *nux vomica*, *pulsatilla*, etc.

#### THE POSOLOGY OR DOSE.

There is a good deal of contest among the homeopathic physicians about the dilution or dose of a medicine. Some prefer the higher and the highest, and others the lower and the lowest dilutions only. Facts may be gathered from and success achieved by both parties. But observation and experience lead us to the conclusion that the dose of a given medicine cannot be the same for all cases.

Dose varies according to the constitution, temperament, mode of living, climate, and idiosyncrasy of the patient. As, for example, many authorities recommend *hepar sulph.* in the higher dilution to absorb an abscess, and to hasten suppuration by the lower. But I observe that this rule is not applicable in every case. In many cases I have tried *hepar sulph.* in higher dilutions to absorb an abscess, but it produced no effect until I came down to the lowest trituration (3x). After the exhibition of this potency the size of the abscess lessened and

the constitutional symptoms began to disappear, and in a short time the abscess was absorbed perfectly. In another case it required higher dilutions (30 or 200) to accomplish this purpose. Another curious fact is worthy of notice. A boy suffering from axillary abscess came to me, and I examined the abscess and thought it was verging to suppuration and it was necessary to hasten this process. Accordingly, I prescribed hep. sulph., 6th dilution, but the result was just the reverse. Instead of being suppurated, it had been absorbed perfectly. Moreover, in other cases I strictly adhered to higher dilutions, but the ultimate result was attained by suppuration.

Many authorities recommend podophyllum 30th dil. in hepatic derangement accompanied with diarrhea, and they recommend lower dilutions when accompanied with constipation. According to this rule I prescribed in a few cases of hepatic disorder accompanied by diarrhea the 30th potency, and continued to do so for a day or two without any effect. At last I came down to the 6th, and got rid of the disease within a short time. Many examples can be given from everyday practice. Thus we come to the conclusion that the dose should be regulated by the physician according to the age and sex, constitution and idiosyncrasy, of the patient, and the nature and violence of the disease.

#### ON THE ALTERNATION OF MEDICINES.

Opinions differ as to the alternation of medicines. There are some of our colleagues who adopt this mode of treatment, while there are others who are quite disgusted by the suggestion of such a mode of therapeutics. They are of the opinion that every case of illness (simple or grave) should be treated with a single medicine which can cover all the symptoms of the said case.

But if we look on the practical side we see that we have to alternate in many cases, because there may be many cases in which the different organs or tissues are affected in different ways; or, even if a single organ is affected, it is affected in a different way. As, for example, a man got gonorrhea two or three days ago, and he is treated with an indicated medicine of that dis-

ease; in this state of things he got a new disease, bronchitis, in addition to the former, you cannot say that the bronchitis is the result of gonorrhea; necessarily you shall have to prescribe a second medicine to cope with the bronchitis. Another example may be cited. A man who has been suffering from dysentery applies to you for relief, and you prescribe for him; by this time he has ophthalmia. In this case also you cannot say that the ophthalmia is the consequence of dysentery. Therefore you must have something to do for ophthalmia—you must prescribe a second medicine, or leave it to nature.

The third and the last illustration is this: Suppose a man had an attack of pneumonia in the right lung, and it had attained its third stage and he is treated accordingly. In the meantime his left lung is affected with pneumonia with its premonitory symptoms. Afterwards the first stage of the disease fully developed within a short time. What is to be done in this case? Will you content yourself with continuing the treatment which was going on for the right lung, without doing anything for the left, until it attains the third stage, or prescribe a second medicine for the left lung?



#### HOW BELLADONNA ACTS, ACCORDING TO GRANVOGL'S IDEA.

T. C. DUNCAN, M. D., Chicago, Ill.

“AT first the pulse is *retarded* two or three beats in the minute, while at the same time an *acceleration*, *i. e.*, an increased excretion from the mucous membrane of the organs of deglutition, takes place. If we persist in the use of the drug, injection and inflammation of the same parts take place, but now with *acceleration* of the pulse four or five beats in the minute, and thus beyond the usual individual frequency.

“Hence, if the capillary vessels in any part are overfilled, the beat of the heart is correspondingly retarded; but if inflammation and swelling take place, then the pulsations are *increased* and remain at this height for three or four days even, without any more belladonna having been given.”—“Text-Book of Homeopathy,” Vol. I. p. 199.



**MATERIA MEDICA QUESTIONS.**

By E. FORNIAS, M. D., Philadelphia.

Give the use of nitric acid in typhoid.

Typhoid stage, stools green and slimy. Hemorrhages from bowels, profuse, of bright blood, producing fainting spells.

Give the orchitis of pulsatilla, and resemblance to hamamelis virg. Also discharge from mucous surfaces.

Orchitis from use of injections or cold; patient walking about too much; from suppressed gonorrhea. Hamamelis virg. has great soreness and great sensitiveness to touch; sharp, neuralgic pains through testicle and cord. Copious secretion of mucus, which is thick, yellow, yellowish-green, bland, non-irritable.

Give the backache of natrum mur.

Backache better when lying on the back or pressing against it. Paralyzed feeling in lumbar region.

Give the whooping-cough of ipecac.

Violent cases of whooping cough, with nose-bleed; bleeding from mouth; vomiting; looses breath, turns pale or blue and becomes rigid. Great deal of mucus in chest, which does not yield to coughing (ant., tart.). Constant rattling of mucus in chest. Gushing of tears.

Give uterine symptoms of natrum carb.

Pressure in hypogastrium as if everything would come out of the vulva; also with indurated cervix and ill-shaped os. Menses too early and long-lasting, preceded and accompanied by headache. Thick, yellow (hydras.), putrid (kreas.) leucorrhœa, ceasing after urination.

Give the toothache of merc. viv.

Dentine affected from caries (staph.). Tooth feels loose, falls out. The pains are pulsating, tearing, or shooting into face and ears. Return in damp weather and are worse from warmth of bed or at night. Swollen, sensitive gums, spongy, receding from teeth. (Compare plantago maj.).

Give the action of zinc on the nervous system.

A general feeling of formication, relieved by

rubbing. Involuntary urination. Weak bladder. Tremulous feeling all over. Sensitive soles. Formication, numbness, and coldness of legs. Feels a band around the abdomen. Patient staggers in the dark or when eyes are closed. Muscular tremor. Gait becomes stiff. Great weakness of limbs; especially lumbar region and bends of knees. Feet constantly moving (ars., nat. m.).

Give the effect of mercury on the nerves and fibrous tissue.

Pain in the nerves and fibrous tissue, restlessness, motion tremulous, neurilemma affected, rheumatic pains, swelling of joints, sweat which brings no relief. Neuralgias, worse by change of temperature and dampness, worse at night. Fibrous tissue affected. Effusion into joints. Pleuritis. Peritonitis.

Give the intermittent fever of gelsemium.

Intermittent, not malarial; or if malarial it has not affected the system. Chill in back and feet, with drowsiness. Chill followed by fever. Relief from sweat. During chill patients want to be held.

Give eye symptoms of natrum carb.

Keratitis. Small ulcers about cornea, with stinging pains in the eye. Photophobia; the eyes are dazzled by light. Black floating spots before the vision while writing. Upper lids heavy. Eyes dim, must wipe them frequently.

Give chest symptoms of lachesis.

Violent, continual cough, hacking. Hoarseness, almost to aphonia. Sweat about the neck. Partial sweat. Sputa greenish, purulent, and offensive, difficult to raise. Tongue dry, black, cracked at tip, and trembling when protruding it.

Give the croup of iodium.

Dark-complexioned persons. Croup from damp, cold weather. Inspiration difficult. Voice almost extinct, soundless. Excessive appetite; feels better while eating. Grows thin despite the amount he eats. Craving for open air. Everything annoys him.

## Correspondence.



FRANK KRAFT, M. D.

## THE EDITOR'S LETTER.

HEIDELBERG, August 2, 1900.

When I closed my last letter on board our good ship and mailed it at the Liverpool landing I did not suppose that two or more weeks would elapse before I should touch pen to paper again. A world of things has happened since then. It would take several issues of the *AMERICAN HOMEOPATHIST* to chronicle them all; and as the incidents were in the main personal I shall pass over them quickly.

We reached Liverpool about noon of July 17, and after nearly an hour's wait to pass through the custom house, our special train, with our special car, whirled onward at lightning pace to London. We arrived there for dinner, had a good night's sleep, and next morning drove to the station for Paris, and reached there a few minutes late. So we passed the day in Hyde Park and elsewhere, and at nine same night left for Paris *via* Newhaven and Dieppe. The journey across the Channel was cool and invigorating and the early morning ride through France refreshing and beautiful. We reached Paris (Gare St. Lazare) about 7.15; and were met and at once taken to our hotel, near the principal

entrance to the Exposition grounds. Unfortunately for me I was severely ill and continued so for four days—result of a partial heat-stroke in London and the continued heat in Paris. What shall I say of Paris? Nothing; there is but one Paris. And it has been described and written and painted to the uttermost surfeit. Up to the moment of leaving Cleveland I had not had the slightest inkling of the exact place of meeting of the International Congress of Homeopathy, nor had I received any programme of the exercises. Finally I called on Dr. Cartier and from him learned that the Congress was being held in the Congress building in the Exposition grounds. I next called on Dr. Simon and received my entrance card, which, necessarily, admitted me into the Exposition. Because of my indisposition I did not attend the earlier sessions of the Congress, and missed my own paper. But I came in for the last days. I found Drs. Dudgeon, Hughes, Clarke, Epp, and a handful more of Englishmen here; the American contingent was also small. Dr. McClelland was there; so were Cobb of St. Paul, Harrell of Indiana, Harrison of New York, and several others. The meetings were in French, though I am told, in several instances, English was used in the discussions. No paper was read in full, but in brief, and from printed copy as in London, '96. Dr. Jousset, Sr., presided. Dr. Biggar's paper on "Surgery of the Brain" was the only surgical paper of the Congress. It was well presented by Dr. Léon Simon, illustrated with a number of large-sized colored plates; and was complimentarily discussed by President Jousset. In the closing hours the Congress voted to go to America next time.

The event which to us homeopaths was of surpassing interest was the unveiling of the Hahnemann monument. At about eleven o'clock of the morning of July 21 we were assembled, possibly a hundred persons, in Père la Chaise cemetery, and witnessed a very brief inauguration ceremony. The statue was veiled when Dr. Cartier mounted a temporary structure and spoke extemporaneously of the labors of the International Committee in the collection of funds, the overcoming of all legal obstacles to the removal of the remains from his long rest in a borrowed grave at Montmartre to this historic and beautiful cemetery. He reported the receipt of 18,000 francs; and described briefly the steps taken to secure the spot and the monument. Dr. Léon Brasol of St. Petersburg followed with a presidential report, during which he took occasion to shake hands with the sculptor, after which the veiling was torn away, displaying a red granite wall, beautifully carved and tapered to represent an obelisk in the center with two supporting columns, in front of the main shaft there being a pedestal upon which

rested a heroic bust of Hahnemann in bronze. Suitable inscriptions grace the beautiful work. The *tout ensemble* is most charming, the surroundings of the most classic and beautiful. The day was cloudless and of the unusual heat which has made Paris so unbearable. The spectators, not many in number, were easily within range and good view and good hearing distance of the monument and the speakers. The entire proceeding did not outlast an hour.

On the night of that day we met in banquet occasion at the Café le Doyen in the Champs Élysées, covers having been laid for about one hundred persons. The occasion was a joyous one presided over by President Jousset and enjoyed by all.

Our ancient friend Fisher of Montreal attended the meetings, as usual with his hat tied to a black ribbon and then kept in motion on the top of his umbrella. He was one of the speakers at the banquet, speaking at some length and in French. Dr. McClelland spoke in English, deploring the fact that there was no universal language like the once-attempted Volapük. He complimented the monument committee on its labors and expedition, and compared the time and magnitude of work of the two monuments. Dr. Dudgeon was the first speaker of the evening, and gave a humorous account of how he and Van Dittman of St. Petersburg had that day taken a bath in the Seine and come out hotter than before the plunge; in order to cool off they went up in a balloon. From this he drifted into recitals of other funny occurrences, keeping the Englishers and Amerikanders in laughter. Dr. Hughes, who sat upon our dear Dr. Nancy T. Williams' left, was another of the evening's speakers, acquitting himself with his customary quiet effectiveness and persuasiveness. To my mind the really best speech in English—or rather American—were the extemporaneous remarks of Dr. Malcolm Dills of my party (Carlisle, Ky.), who made an excellent offhand speech complimenting and congratulating the French brethren on their marvelous celerity in their monument work, and inviting them all to come to America at the next International Congress and be made acquainted with American hospitality and brotherhood. I know it was extemporaneous, because it was I who went to him as we sat down to banquet and requested him to speak for our party, I being yet too ill to undertake it. It was a fine effort, and was well received. The speaking alternated between French and English. Dr. Arnulphy, formerly of Chicago, was also of the speakers. The banquet broke up late—and that was the last I saw of any of the Congress members.

As to my impressions of the Congress and the monument: I have not dared to write my convictions while in Paris. I was afraid to do so.

I was under such violent strain all the time there that I might have said many unkind things, which when I had reached a cooler and calmer mood would have caused me most poignant sorrow. But at this distance from Paris, and these several weeks after the Congress, I may adventure an opinion. In the first place, the attendance was small at any time; this was owing in great part to the official language, French, which many of the English understood well enough to follow some speakers, but were yet unable to discuss papers or communicate ideas; second, and because of the former, the number in attendance was small, for, after all, it is the English- and American-speaking races which have done the most for homeopathy, and it is in those countries that homeopathy thrives; third, there was the intense and persistent heat—so unusual, I have been informed, in Paris—so that it was a difficult matter to live halfway comfortable; fourth, as the ticket admitting to the Congress necessarily admitted also into the Exposition grounds, many a non-French-speaking visitor deserted the Congress, and in lieu "took in" the Exposition. All these things combined served to make the Congress a small affair compared with that of London of '96. One other cause should not be forgotten, but such causes are usually forgotten—namely, the poor selection of the building for holding the convention. It was too large, for one thing; no one could be heard twenty feet away—or if by dint of loud talking that might have been accomplished, the several brass bands which discoursed sweet music at each side of us, sometimes in duello, and in varying strain, made all declamatory efforts futile. The Congress may have been a numerical and professional success, and my scant knowledge of French may have deceived me; but I really believe it will not compare favorably with London or Atlantic City. Of course in all this I argue no blame to any of our Parisian brethren; they did all they could to attain success.

Now as to the monument: Enough cannot be said in praise of the expedition employed in consummating this noble work. In 1896 Dewey and myself and five others came to Paris with the avowed purpose of looking up the Master's grave. We found it in Montmartre, in an obscure corner, crowded out of line, unlettered, and forgotten. In four years the International Committee have quieted every legal objection, have raised the body from the rubbish of the Temple, and reinterred it in the very Holy of Holies! Marvelous work! All honor to our brethren on this side for their work!

I saw but two French homeopaths with whom I had any intercourse. These were Dr. François Cartier, and Dr. Léon Simon. I called upon both in their offices. Dr. Cartier pre-



scribed for me one powder of arnica 12x in No. 10 pellets, and was unutterably shocked to see me take the whole powder at one dose. He is a very busy man. I had but got quietly seated preparatory to interviewing him before the concierge or charwoman or female attendant, or however else she may be designated, called him to announce other patients. I suppose, being ill and barely responsible, I felt unnecessarily annoyed and irritated to be so summarily dismissed. I had somewhere read of this convenient way of ridding one's office of a persistent bore. By Dr. Simon I was received in his always courteous, soft-spoken way, taken into his private office, given my card of admission, had a pleasant interchange of conversation, was bidden to wait until a cab could be called and drive to the Congress with the doctor. Asking him for a glass of water,—I was in a high fever,—he took me into his dining room, produced wine and biscuits, and made me comfortable.

These two offices, like other offices I visited, impress an American with the permanent prominence of over-stuffiness, camphor and moth-balls, absence of sunlight and fresh air, and lack of a weekly house-cleaning. As I have several times said, I was ill when I called; so that in each place the few moments I had to wait in the antechamber caused a distinct sensation of suffocation and swooning. The three things the absence of which is so conspicuous in all the houses I visited in Paris are air, sunlight, and water. They keep the doors and windows almost hermetically sealed so long as the sun shines to exclude air and sun; then at nightfall they throw them open. Fancy, then, the sensation of smotheriness which overcomes a fresh-air and sunlight-loving American when he enters and seats himself in one of these reception rooms! And water is another scarce article. They have enough to sprinkle the streets with, but when you ask for it—and with ice—at any drinking establishment, or your hotel, they look at you in amazement and stupidity. You wouldn't suppose it possible in a blue-grass Kentuckian, but it is a fact that Dills wanted a pitcher of ice water at every meal and at bedtime, and raised particular Ned if he didn't get it. I believe he had a small bottle of blue ribbon in his satchel against seasickness; but I can bear cheerful witness that he has got one of the most thirsty ice-water thirsts that I have ever known anyone having from Kentucky or Ohio.

As to the Exposition: I heard on all hands that it did not compare with the World's Fair. The Court of Honor of the latter was nowhere equaled in the Exposition. There are many departments in the several buildings with bare walls and empty spaces. The picture

gallery is certainly inferior in number and telling pictures. The Salle des Fêtes is a marvelous structure, and so is the main entrance, but having said that I have exhausted my case of superlatives.

I am trying not to forget that I was ill more or less during my entire Parisian sojourn, that the weather was brutally hot, and that I knew exceedingly little of the vernacular. Perhaps if these three clauses or causes could have been eliminated I would have gone into the usual correspondential ecstasies; it was a very tiresome visit—to the Exposition. With the exception of here and there a rolling chair, the great mass of visitors footed it over the hot gravel, and under the broiling tropical sun, hung in a heated copper sky. The American exhibits were scattered over the many buildings and presented the usual creditable appearance. Germany did as well—especially in electricity and machinery. The Publishers' Building of the United States, an afterthought, was one of the most interesting. Here was found the New York Times printing its daily issue; several linotype exhibits; some color printing; American typewriters and other things of this order. In one corner I found a filter by Mr. Jandus of Cleveland, Ohio, which I believe will prove one of the finest on the world's market. It is based on the principle of forcing the water through carbon cylinders. It is wonderfully simple, easily cleansed, and can be made small enough for a single faucet in the kitchen, and large enough to filter a waterworks. Its price will place it within the reach of all. After drinking Paris water for a few days, one turns with gladness to a water that has been urged through this cleansing carbon and comes forth pure, sweet, and wholesome. Mr. Jandus is doing a great hygienic work, and I trust he will secure the medal and patents.

We ought to be wearing sackcloth and ashes and beating our breasts because of the insignificance of the United States Building at the Exposition. It is a pitiful bit of grandiose architecture, wedged in between two small powers whose buildings are beautiful, large, and well-filled. One of our party visited the fruit exhibit from California, and came away disgusted. Said he: "The State of California appropriated \$150,000 for fruits for this Exposition; I failed to find as much as \$15 worth!"

I am told that the homeopaths have three hospitals here, or, at least, have entrance to three. But all surgery is done by Old-School surgeons. On one day of the Congress the membership visited the Hospital of St. Jacques; and I believe that was the only one. There is a Hahnemann hospital either just at the limits of the city, or immediately without the gates. I am told that it is in large wards, and is nursed

by Sisters of Charity. The doctors here (homeopathic) do not carry their medicines; they write prescriptions which are filled at pharmacies at what to me seem to be exorbitant prices. I do not think that any of the profession drive their own teams. Homeopathy has not a very close or endearing hold on the populace. I did not find the immense throngs of people so much heralded. There were people enough, to be sure, in all the streets; but I have never had to wait for more than one bus or tramway car. The hotel prices have fallen severely. The Cook hotels near the Trocadero now give a uniform \$3-a-day rate, instead of the early \$6 and \$7. Eating outside of the first-class cafés and restaurants is not very costly. The city is always bright and gay. At night the electrical illuminations, and the myriads almost of cafés with outdoor tables, thronged by an excited populace, is a very attractive sight.



COLOGNE, August 4, 1900.

We are traveling rapidly through Germany. We arrived here last night, and, as everywhere else along our German tour, we found the Americans crowding the hotels. But to return to Paris for a few words more. To a native-born, or to one who has always lived there, or who has exiled himself from various motives, it may be the Beautiful City so many, many times referred to in past and contemporaneous history. It may be this and many times more. But to an American, one who has been at all a student of his country and who is thoroughly imbued with its basic principles, however much they may at times be subverted by dominant politics, Paris is insufferably cramped and inexpressive. The mothball aroma, and the absence of light and air, is, to me, Parisian, in all of Parisian affairs. There is an absence of frankness, of freedom, of true fraternity. The people are economical, and have domestic and other virtues that are commendable in the highest degree; yet they lack that spontaneity of good-fellowship and general giving-away of one's self for which America, and England in a possibly less degree, are noted. I have been tempted to wonder if a Frenchman could be gotten drunk, or so drunk that he would not be a modern ice-chest to the last. He seems never communicative. He seems always and ever on the alert. He seems to be watching you as a suspicious person. He seems—or at least he makes you feel so—he seems to resent your appearance in his country, or city, or home. And, finally, he seems to be looking for your purse. Now I beg to say that this is merely a composite picture—and has no reference to any one of the many personal friends I have in

Paris. I have marveled more than once at the continuance among so educated and so progressive a people as are these same Frenchmen of a state religion. How can this vast population, which is so skeptical in everything else,—money, friendship, and virtue,—continue to worship in the Catholic faith; a church which makes its boast of being unchangeable? I have no quarrel with the Church as a church; I merely refer to it in connection with what to me seems such crass inconsistency. The shops and cafés are open on Sunday; the bands play; the theaters are filled; excursions up and down the river, in and out of the country; absolute freedom in the discussion of religious matters; and yet, with all this, the state and its people worship the form of religion which to me seems most incongruous.

Paris is very much, outwardly, like the better locations in Chicago (which seems to a foreigner to be the one city of his hopes and loves and desires in America), New York, and Philadelphia. Electricity is very plentifully used, in the arc lights, and "indecent" (glow lamps). Yet in every room you enter you find the tempting candle, the absence of soap, and the one scrawny towel. The *ascenseur* so abundantly advertised is a hydraulic affair into which two persons are locked and sent up to the respective floors, without elevator boy or other assistant. If you should summon the elevator while upstairs and then ride down in it, you would find each ride charged in your bill. In the halls (of our hotel—and we roomed and ate first-class) the night lamp was the old-, old-fashioned little wick swimming in about a half-inch of lard oil, and this resting on a half-glass of water. Primitive! If you are late at your meal fifteen minutes you are "docked" one franc. If you ask for icewater to your room,—and Dills' mouth was almost always parched to a cotton-massed sticky saliva,—after almost incredible time in waiting and ringing of bells, a *garçon* would appear with one goblet of water, in which swam a bit of ice as large as one of our silver dollars. That also appeared in the bill. You find a good cool place where a glass of milk *intégral* can be had at what seems a white-man's price; you sit down; the milk is brought to you, with it a biscuit or two and a napkin. But the biscuit and napkin are extras. And so from morning to night, and from night to morn, it is extras, extras, extras! I do not complain in especial of my hotel—for we were well served and cared for—but only of the custom of the thing. If one of the party at table asked for stale bread in place of the eternal rolls and *hörnchen*, or for fried eggs instead of the boiled, he was instantly asked the number of his room. It seemed to me a system of fines and reprisals. I arranged for a

"brake" (large, long, covered wagon holding thirty to forty persons) to drive to Versailles. The concierge—the porter of the hotel—assured me that it cost a certain stipulated amount per ticket, and the luncheon at Versailles cost 2 francs 50. I purchased the tickets. When we reached Versailles the lunch cost 4 francs. When I expostulated I was met with that old, battered, threadbare, time-stained, moth-bitten statement that the firm is not responsible for what the concierge had told us; that the printed statement said 4 francs, which was of course true. I mention this simply to show you that you are at the mercy of the rapacious, it mattering not how careful you are. The insufferable heat continued, so that on the morning of the eighth day we took train and fled to Strassburg. Here we arrived about half-past ten at night—tired, hot, dusty, and hungry. Here the following day we saw the wonderful minster and its famous clock. We stood in a thronging, suffocative mass of people for three-quarters of an hour, in a narrow, ill-ventilated square of the building, and watched the quarter-hours and eventually the consummation—the procession of the Apostles at noon. I had seen this mechanism in 1880, and was then, as now, and as the most of my party also said, disappointed. After reading the history of the clock and studying the guidebooks you are expecting life-sized figures to do that famous cakewalk and bow; and when the Apostles pass along, only about seven or eight inches tall, and you have to break your neck looking up to see them, you will surely feel disappointment. The old city of Strassburg was a revelation to all of us. It is a frightfully dangerous locality, and our guide assured us that he would not himself, well known as he was, dare to pass through that quarter between nine and twelve o'clock at night. There are some beautiful buildings here, an orangerie (park) and many Platzen and statuary that repay a day or two's break in a long journey. We attended a handsome synagogue, and later witnessed a Catholic-Church wedding. Our people having pretty well recovered, we sped on to Heidelberg. We originally had no intention of remaining there but just long enough to see the Schloss and the tun; but the place was so inviting, the mountains so green and majestic, the temperature so equable and agreeable, the hotel so good, that we stayed four days—three of our party leaving us here, to meet later in England. From Heidelberg we went to Mayence, where we stayed over night, and next morning took a Dampfschiff for a trip down the Rhine (to Cologne). Here, as always, all care could not prevent the ever-present imposition on the American, who is everywhere an easy mark. We were assured before we came to

Mainz, and in Mainz, that the fare per person for a certain boat, from a certain station (or dock), was 5 marks per person. Instead we were obliged to pay 12 marks. We can trust nothing that we are told. Every hotelkeeper, every saloon-keeper, every railway official, every porter or portier, in fact everywhere, we are at the mercy of the "foreign devils."

The trip down the Rhine (though when I was a boy all rivers from north to south ran downhill, and the States were divided from each other by red and green and blue lines) was quite charming for a number of hours. From Mayence, up or down to Coblenz, both sides of the river were plentifully peppered with castles and ruins of castles: my boy took a number of pictures of Bingen, of the Lorelei rock,—which the guidebooks said presented the profile of a human face, which to our gaze didn't present,—the Drachenfels, and others. The river is shallow, filled with islands, in some places very narrow, is of the usual Mississippi-River color of water, and its vessels are of the paddle-wheel order. We traveled rapidly and, for a half-dozen hours, comfortably. Then it clouded up, grew cold, and frequent showers bedewed our moistened way. Between Coblenz and Cologne the atmosphere was cold and wet, and many of our party sought the warmth and seclusion which the cabin grants. We reached here about 7 P. M., are happy and contented, for our rooms are clean, the table wholesome, and the weather cool. It rained for some hours last night, and it looks threatening to-day. Again some of our ladies are under the weather, although our journey yesterday was a boat and not a railway ride. We shall stay here over Sunday and then fly homeward—to London by quickest dispatch, for we are all homesick for the English language and a freedom of speech and locomotion which has been denied us since we entered France at Dieppe.

At Mainz, as elsewhere in this country where we have rested our weary feet and squinched our consuming thirst, it is always and everywhere the military. If we overlook or forget the system itself, and look only at the soldier, we are lost in admiration. He is a handsome fellow. He is in striking contrast to his arch-enemy the French soldier. The latter, wherever we saw him, seemed slouchy, indifferent, unclean, and depressed. It may be his outrageously ridiculous uniform that gives him that appearance. No one will accuse him—even when an officer—of being painfully handsome. But we never see a German soldier who is not neat, who does not walk erect and step with precision. His uniform is well kept; his buttons and the metallic parts of his accoutrement are brightly polished. He looks as though



his clothes were made to order; while the Frenchman is the reverse. I have seen both classes of soldiers on the march, and I, with my companions, uniformly agree that the German soldier is a handsome, well-trained, well-poised gentleman, whether you find him at Strassburg, at Heidelberg, at Mannheim, at Mainz, or at Cologne. Their marching in bodies is like clockwork. Perhaps I am unduly severe on the French soldier; judging the republic by the straggling bands I have seen in Paris. I do not wish to do so. France is a large country, and it may have large, tall, and well-kept soldiers; but we have not seen them. But in France we are not so overpowered by the soldier. He is, as with us in America, an incident, a thing apart; while in Germany he is "the whole push." I see the dogs wear muzzles. But I am inclined to believe they are not alone in the uses of that ornamental headgear. I have cautioned the members of my party if they have any opinions to kindly bottle or mothball them for use when we touch English soil. I feel oppressed every way. I marvel how a people can exist as ignorant as are the masses of this people. There are no newspapers that I can find giving news of any kind worth reading. In Heidelberg, a university town, a most cultured and educated people, they know nothing that happens without the walls of their ancient burg. They don't seem to care. Their principal occupation seems to be to scratch each other's faces, so as to leave unsightly scars, and then be proud of them. We learned of the assassination of King Humbert, and that is all the papers have contained since. But as to the goings-on in America—not the ghost of a whisper. The papers have seized eagerly upon the accidental residence for a short period of Humbert's assassin in America—and that, too, in T. Y. Kinne's little village. We are as utterly cut off from *newspapers* that give news as if we had been living in a balloon, or on the ocean for four weeks. In the Exposition at Paris we found in the Publishers' Department copies of many of our United States papers, among them some Cleveland papers of an ancient date. The same was true of the American Express Company's reading-room. They were seized upon and devoured even to the three-day-cure advertisements. We may scan the French and German papers as we will, and find nothing of McKinley, or "Teddy," or Bryan, or any of the thousand and one daily items of interest which season our morning meal and lull us to slumber at night. One of our morning papers, on any week-day, publishes more news about Germany and France than either of these countries' journals publish of us in a half-dozen months. How can people exist with such lack of information? It has its one good

side, however. Reputations are not made and lost without merit and without fault. It would be impossible to have an embalmed-beef case here; there could be no Cuban postal scandal. These things are nipped in the bud with steel nippers, and the general public rarely hears of them. But as they hear all the nasty, disagreeable, and damnable things we say and print of ourselves, they believe we are a nation of scamps, scallawags, and thieves—a people which should be plundered on every occasion. I was told at Heidelberg that our women are "lazy things," who always wore gloves, always sat down, who powdered and painted, who sat with folded hands, and had innumerable servants to supply every need and anticipate every wish; and this candid personage judged us by the samples of peroxide-of-hydrogenated females who strut the streets in our large cities, who wear diamonds over their gloves, and dress in the highest type of the dressmaker's art on filthy, tobacco-stained, mud-begrimed public streets. Argument was useless. These Heidelbergians had seen these people, and, like the four blind men who went to "see" the elephant, each had his own conception of what constituted an elephant based on the part he had touched.

But we are not all of this type. I have watched a good many parties of traveling Americans; and I have but seldom found a rude or discourteous person. They are usually quiet, well-behaved, and as a rule unobtrusive and modestly arrayed. Of course we find also of the retired-saloon-keeper type here and there, and of the embalmed-beef magnates. Still they are few in number, but unhappily very conspicuous; and the rest, residue, and remainder of us are judged by their standard. That the German people are well cared for and protected is evident. But so also are other valuable animals. So were the great mass of slaves in America before the War of the Rebellion. Every man is known throughout the empire. When we go to a hotel I am required to sign the name, date and place of birth, residence and destination of each person; and that is submitted to the police within twenty-four hours. I believe the people are happy; they speak in the kindest of terms of their emperor, and they do so without constraint or reservation. I am myself a great admirer of the emperor. I like his decision of character. I liked that speech he made to his departing soldiers for China; it had the right ring to it. And in every other way his acts and utterances are for his people. He believes in Germany, and will make it the chief nation of the earth. He is vigorous and courageous. He is prompt. And for all these qualities I admire him; and I wish from the bottom of my heart that a little of his decision and love of

country and its institutions could be transported over the Atlantic and infused into some of our jellyfish-backed public officials. I am coming back to America, as I have on each former occasion, a better American, but also feeling that our boasted freedom rests on a very slender basis, and that we ought not to lose sight of the need of eternal vigilance to keep the despicable politician and spoilsman from robbing us of the little liberty we still possess. A closing word on Heidelberg. Dr. Dills, Dr. Reader, and myself attended several clinics at Heidelberg, having preliminarily examined our pockets and pocketbooks and eliminated every card and paper which would disclose our homeopathic identity. We were courteously enough received and permitted to gaze from the top row of the amphitheater upon several minor operations, done by students. We learned nothing, because we have better operators even in Cleveland. Czernay promised us attendance at one of his private clinics, so we delayed our departure for twenty-four hours. Instead of the private operation he walked us through

several miles of hospital "barraken" as he examined the operated-upon patients. He was not well enough to operate. He said nothing to us, and let us go without thanks or his apostolic blessing. We saw the operation for femoral hernia (which took one hour and forty minutes); the curettement of one womb (with enough preliminary agony of scrubbing and washing and shaving to prepare for one of the gravest of operations); the straightening by main strength of a baby's bow-legs; the resection of the superior maxillary in a boy of fourteen, who foolishly died shortly after from blood-loss; the crucial incision for mastitis, with enough blood-loss to weaken for weeks (and the raising of the woman to a sitting posture from ether narcosis before she had come out from the effects, in order to cleanse the blood off her back and bandage the breast); and a number of fractures and dislocations. We came away disappointed. Everything is done according to the Law and the Prophets. Precedent is as binding here in medicine as it is in the law in England.

JOURNAL DE MEDECINE DE PARIS

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A FAMILIAR ADVERTISEMENT IN AN UNFAMILIAR LANGUAGE.

### HEALING HORSES.

DR. FUNCK claims the honor of the "record" in serum supply for a horse. This animal is now in the Institut Sérotherapique of Brussels. This horse was inoculated from January, 1895, to December, 1898. During that period he received 30,201 grams of diphtheria toxin, and has given 166,250 cubic centimeters of blood in

twenty-four bleedings, equivalent to 83,250 cubic centimeters of therapeutic serum, or 8325 curative doses. Dr. Funck adds that this record will soon be beaten by a horse immunized since March, 1898, which has already given in eighteen bleedings 143,000 cubic centimeters of blood. Clearly the horse has a far better right than the eccentric Marquis de Mirabeau to the title of *L'ami des hommes*.

## A DEPLETING PRACTITIONER.

OUR highly respectable French contemporary *Le Temps* does not include "queer stories" in the intellectual bill of fare which it places before its readers. We may therefore take it that the following strange eventful history recently told in its columns is true in substance and in fact. A young man from the country who fancied that he had consumption went to Paris to consult some of the medical oracles of the City of Light. Knowing that the opinions which are got from them are in a literal sense golden, he followed the counsel of Iago, and put in his purse to the amount of 20,000 francs. With a thick bundle of banknotes in his pocket he reached the capital in safety. Feeling somewhat tired he went into the Garden of the Tuileries and sat down on a chair. By and by a neighboring chair was occupied by an elderly stranger of most respectable appearance. He had a benevolent, clean-shaven face, white hair and whiskers, black frock coat, with a rosette in the buttonhole; fair round belly, affording space for the display of a massive gold watch chain; silk hat, with broad brim—in fact, like Dogberry, with everything handsome about him. The benevolent stranger looked with interest at the young man who was coughing, and engaged him in conversation. The patient was easily induced to tell his pitiful story, adding that he had come to Paris to see the high priests of medicine. "This is a lucky coincidence," exclaimed the venerable stranger, "for I happen to be Dr. Brouardel. You need not go to any of the others. They would take your money; and as, between you and me, they are all asses, they would not cure you. I am interested in your case, and shall be glad to do what I can for you without a fee. Allow me to begin by ausculting you." And, suiting the action to the word, the "eminent physician," making the young man open his coat, put his ear to his chest, and then proceeded to percuss and palpate him with the most scrupulous care. Having completed his examination, the doctor tore a leaf out of his pocketbook, scrawled a prescription of the most orthodox illegibility, and handed it to the patient, saying: "Your disease is serious, no doubt, but I will answer for your life if you will

follow the treatment which I have prescribed. Come to my consulting room to-morrow and I will make a more thorough examination." And declining even thanks the great man hurried away, leaving the young man overwhelmed with his kindness. But, alas! the flower of gratitude quickly fades in a patient's breast, and in this case it did not even live *ce que vivent les roses, l'espace d'un matin*. His feelings underwent a change only a few minutes after his interview with the philanthropic physician. The patient, wishing like a more famous fool to draw his dial from his poke, found that it had vanished. On further search he made the unpleasant discovery that his pocketbook and money had gone the same way. The "physician" was evidently a thoroughgoing believer in depletion. To percuss out a £5 note in a man's breast pocket has sometimes been held up to neophytes in the art of physical examination as the ideal to be aimed at. The "doctor" who figures in the interesting story just narrated had evidently attained a degree of perfection far beyond that ideal. His *tactus eruditus* enabled him not merely to localise, but without the need of an anæsthetic, to evacuate what Rabelais call the *aposthume pécuniaire*. The story itself has several morals. The most obvious of these does not particularly concern us. We need only warn guileless young men—and women—from the country or otherwise that, as the cowl does not make the monk, so a benevolent countenance, with white hairs giving their effect of gravity, and even that massive and concrete guarantee of respectability, a heavy gold chain, do not make a physician. Evil-minded persons might add that anyone calling himself a physician who volunteers professional advice to a perfect stranger without a fee is on that ground alone to be regarded with wholesome suspicion.

♦ ♦

## THE UNDERWEAR FOR WINTER.

A FABRIC made of Egyptian cotton, which has a coating of pure silk, is called "Kotedsilk," a name, by the way, most aptly selected and convincing. As the personal experience of the writer attests, the material is warmer than wool, lighter in weight, and will



not irritate the skin. Neither, too, it was found, will it shrink in washing. Both the substances used in its manufacture are very durable, hence this fabric will be found to wear better than all wool or all silk. Physicians know that body contact with silk allays nervousness, and silk being a non-conductor of electricity, warmth and vitality are equalized by the wearing of "Kotedsilk" garments. Persons afflicted with rheumatism report that they have been benefited by its wearing.

This underwear for children and infants settles the vexed question of keeping the little people thoroughly protected from the cold without so bundling them up as to interfere with their ease of movement. Children appreciate the soft, silken surface as much as their elders do, and it will be found that colds and bronchial troubles will be materially alleviated by the substitution of Kotedsilk for the woolen garments usually worn by children.

A. L. C.

♦ ♦

### Globules.

The *Hahnemann Periscope* of San Francisco, with many other admirable papers, prints the picture of a faded and badly frazzled paper containing, in scarce discernible letters, the Hippocratic Oath. Aside from the fact that the fetish made of this Hippocratic oath,—to which we do not subscribe,—it would be interesting to know how "old" Hippoc. happened to put his swear in the English language—for in such language it appears in the faded and muchly folded document. We greatly suspect that this picture was not engraved for the *Hahnemann Periscope* from any original containing this famous swear, but was loaned them by some enterprising medical advertiser—though in this instance, through some culpable oversight, the name of such generous advertising firm is not printed in vivid red across the face of the document.

We note in the book-review pages of a contemporary (*Hom. Recorder*) a book entitled "Elements of Clinical Bacteriology for Physicians and Students." And the question arises what else is bacteriology for, if not for physi-

cians and medical students? The reviewer of the book has this to say: "The authors say that cholera infection always takes place by way of the mouth, and is caused by the comma-bacilli; yet they note the *fact* that in 1892-93 Berlin and Paris escaped, though their water supply was known to be infected with the comma-bacilli. They might have added that Pettenkoffer and his followers at that time voluntarily swallowed several millions of the bacilli with no effect. Still, if asked the cause of cholera, you must answer comma-bacilli, else you cannot pass the examining board."

**Bacterial Diarrhea.**—A boy aged two years was attacked with symptoms almost choleraic in their intensity. The temperature was 104° F., and there was severe nausea. Besides medical treatment tepid baths were administered at intervals of four hours until the temperature was reduced to almost normal, which was in about twelve hours. The bowels were irrigated with a saline solution through a soft-rubber catheter every four or five hours until the lower bowels were thoroughly cleansed. No food except sterilized milk was given for the first twenty-four hours, after which lacto-somatose was administered in one-half a glass of boiled water. Improvement was immediate and marked until the fourth day, when a relapse occurred, owing to the patient eating heartily of some candy covered with bacteria-laden dust. The temperature at one time reached 105° F., and there were present bloody mucous diarrhea, intense nausea, and severe prostration. Intestinal irrigation, tepid baths, etc., were resorted to as indicated, and lacto-somatose was administered as before. Further convalescence was uneventful, though, owing to the child's feeble condition, somewhat protracted. In this case lacto-somatose constituted the sole diet for one week, and was taken with increasing relish all the time.

DR. I. J. JONES,

Austin, Tex.

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### The American Homeopathist.

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# The American Homeopathist.

SEPTEMBER 15, 1900.

FRANK KRAFT, M. D., CLEVELAND, OHIO, EDITOR.

## OUR PORTRAITS.



ROBERT WALTER, M. D.,  
Walter's Park, Pa.

### NIAGARA FALLS NEXT YEAR?

**W**AS it really the wish of the Institute to go to Niagara Falls next year? Or was it not because of the leadership of a few who merely wanted their own way, which sent the enthusiasm in their direction when it seemed upon the instant of going to Montreal? Look at the matter carefully. What have we specially to gain there? With no ill-will to our brethren at that point, the question is pertinent: Why should we go to Niagara Falls? The best answer we have heard is that it will be a good

feeder to the Buffalo Pan-American Exposition. But will this do us much good as an Institute? Are we not better than mere "supplies" to an empty pulpit? If Buffalo be in reality the objective point, then let us go there; and the selection of Niagara Falls would be a serious mistake, for the attractions of Buffalo would decimate our sections and add to the expense of the individual member. The Institute has been at Niagara before; and some of us older hands at the bellows have long memory of some of the things that we encountered there then and that made us most doocedly uncomfortable. In what regard will that possibility be changed next year? None. It will doubtlessly be added to. The Middle States, and especially those nearer, we think, voted for Niagara Falls because of its small expense for travel and its little distance from the family potato-bin. But neither of these nor the former reason assigned are valid for putting the Institute in an uncomfortable place. There is no new attraction at Niagara Falls. The Falls still continue the same cavorting process over their customary rocks and fall down and over into the usual depth. The color of that useless mass of water continues the same. There will be the usual brides and grooms to have their pictures taken with a Falls background and a pleasant smile. The hackman will be there to take us through all the parts of the earth adjacent to the Falls, and their hotels. The high elevator will still lift us to its extreme and dizzy height for so much per head. The railroads will stop at the stations and let all Niagara Falls patrons off. The popcorn man and the Indian-relics woman will be there to welcome us with importunities and home-made moccasins; and the one great Hotel will let its waiters take charge of us and

bring us real icewater at five o'clock in the morning after a hard committee session throughout the night—and after all that, what? There may be a few doctors in the far and deep interior who have not seen Niagara Falls. But the great majority of them have seen all the wild beauty and scenery and enjoyed the “gouging” process of hotels and carriages to the very full. New York is entitled to the Institute, but not Niagara Falls. Let us go to Saratoga, and thus combine the health-giving waters with the beauties of Saratoga Park and its other charming scenery and minor attractions. There are enough hotels there from which to select one suitable, if the Washington precedent is again to obtain—of a hotel-headquarters; and there are any number of private cottages and boarding-places where board may had at all prices. It is in a central part of the State, readily accessible for all travelers; and when reached is beautiful and health-giving. The Institute was there the last time in 1886. We have not yet worn out our welcome. The Executive Committee of the Institute has the right reserved to them to change the voted-for place of meeting, if, in their calmer and more deliberate judgment, it is deemed wise to make the change. If the Executive Committee decides to go to Niagara Falls we shall not longer object. But we sincerely trust, in the interest of the best interests of the Institute that it may not go there next year.

♦ ♦

### THE ONE WOMAN, AGAIN.

THERE is One Woman whom the profession should not fail to honor, and especially those of her own sex. She has been a marvelous help and inspiration to the Monument Committee in its darkest hour, when help was needed and seemed never to come. This being admittedly true, why was this dear good sister Nancy Williams left off the dedication programme—the dedication of that monument which she helped to build? Was this just the proper thing to do? A little extension of courtesy ought to have put her name upon the programme, as it did those of others who took no part in the unveiling save sitting quiet and looking

wise and pleasant at the proper moments. We believe we speak the mind and wish of the profession when we say that Dr. Williams should have been honored with a recognition upon this programme. If we are hurting the feelings of our good brethren of Washington, we are sorry; but the truth remains that the women of our profession, notwithstanding their generous contribution, were not represented. This monument was not a wholly man-built monument. It was the creation in large part of the women in and out of the profession, and a bit of justice would have properly recognized them. Then, again, there was our good sister, the wife of Dr. Joseph T. Cook of Buffalo, who contributed through her efforts sufficient money to help to close in the work at the last. And many other women helped in this enterprise. It was a blemish upon an otherwise carefully planned and perfectly carried out programme that no woman's name appears upon that Committee on Dedication.

♦ ♦

### Materia Medica Miscellany.

Conducted by J. WILFORD ALLEN, M. D., 110 West 12th Street, New York.

References in this department are made by number. See issue of January 1 or December 15 of each year.

#### *Diphtherinum* °:

In the second edition of his “Keynotes and Characteristics,” just published, the author, Dr. H. C. Allen, after giving the indications for diphtherinum (which he subheads “homeopathic antitoxin”), adds the following:

“The remedy is prepared, like all nosodes and animal poisons, according to the homeopathic pharmacopœia, and like all homeopathic remedies entirely safe when given to the sick.

“Like all nosodes, it is practically worthless in potencies below the 30th; its curative value also increases with increase of potency from the 200th to the m. and c. m. It should not be repeated too frequently. It will cure in every case that crude antitoxin will, and is not only easy to administer, but safe and entirely free from dangerous sequæ. Besides, it is homeopathic.



"The author has used it for twenty-five years as a prophylactic, and has never known a second case of diphtheria to occur in a family after it had been administered. The profession is asked to put it to the test and publish the failures to the world."

### *Graphites.*

The Critique says this is an excellent remedy for the chronic tendency of erysipelas, especially where there has been an abuse of iodine. There is a tendency of the disease to wander. The skin feels hard and tough. The inflammation is very apt to be on either side of the face, the pains being burning and shooting. Where, with these local symptoms, you get a peevish, anxious, unhappy patient, whose sleep is full of frightful dreams, forcing him to awake and causing him to get up with a naturally unhealthy condition of the skin, graphites will prevent the return of the disease if not used to the securing of an aggravation.

### *"Strychnine in Opium Poisoning"*

Is the subject of a communication from Dr. Henry Smith<sup>37</sup> of Streatham, England, who reports the following case: The patient, at least half an hour before being found, had taken 3 ozs. of laudanum. The friends immediately gave an emetic of mustard and water. On the arrival of the author, three-quarters of an hour later, he found the patient nearly comatose, with all the usual symptoms of profound opium poisoning. A subcutaneous injection of apomorphine was given, which produced free vomiting, the vomited matter smelling strongly of laudanum. The stomach was quickly washed out, but coma continued profound. The subcutaneous injection of atropine sulphate and strychnine sulphate were given alternately, and pushed until each produced characteristic symptoms. At the end of seventy minutes after the doctor's arrival the pupils, instead of being "pinhole," were well dilated, and the legs and arms were twitching. The total amount of atropine sulphate given was  $\frac{1}{8}$  grn. (in five doses of  $\frac{1}{16}$  grn.) and that of strychnine sulphate  $\frac{1}{16}$  grn. (in six doses of  $\frac{1}{60}$  grn.). In the intervals between the injections strong coffee was siphoned into the stomach, and friction kept up energetically

over the whole body, while warmth was provided by blankets and hot-water bottles. At the end of seventy minutes, the patient being still in collapse and unconscious,  $\frac{1}{100}$  grn. digitalin was given subcutaneously. During the following four hours there was steady improvement; but during the next half-hour the pupils became nearly "pinhole" again, and the breathing was slightly stertorous. Two more injections of  $\frac{1}{40}$  grn. each of atropine sulphate were given at intervals of fifteen minutes, and at the end of another period of three hours the patient was out of danger.

### *Typhoid.*

H. V. Halbert<sup>3</sup> closes an article on typhoid with the following:

The homeopathic remedy, given according to true indications and held to tenaciously, will display a better percentage of recoveries than is found in any other treatment. Every time I get frightened and lose my head sufficiently to attempt heroic medication, I realize my mistake later on; in other words, when I try to push my patient out of the typhoid course I am doomed to ignominious failure. All the foregoing remarks in this paper are part and parcel of the general case. To my mind they are not inimical to homeopathy, but the use of the remedy must come under the law of similars.

Time is too short to call attention to many remedies. They are varied according to the totality of the symptoms. I still hold to baptisia as a standard bearer. It conforms to the average symptoms of typhoid, and particularly in the early stages. The great prostration, with the muscular soreness, the stupid delirium, the peculiar nervousness as to bodily conditions, the brown and dry tongue, the rapidly progressing depression, mark this remedy as one of the first to be thought of. The lassitude, the coated tongue, the absence of appetite, the aggravation from exertion and the quantitative thirst of bryonia; the muscular pains and nervous exhaustion, the tendency to chills, the trembling of the hands and limbs, and the absence of thirst in gelsemium; the dry and red-tipped tongue and the extreme restlessness of rhus tox.; the depression with anxiety, the anæmic appearance, the thirst for

water, which cannot be endured ; the watery and offensive diarrhea of arsenicum ; the subsultus and involuntary stools of hyoscyamus, or the hydrobromate of hyoscyne ; the wild and furious delirium of belladonna ; the tympanites and the scanty urine of terebinth ; the anasarca or œdema of apis ; the debilitated circulation and the rumbling of intestinal gases in carbo veg. ; the vital depression, the bloody stools and the bloody urine of muriatic acid ; the sleepy dullness of opium ; the active hemorrhage of nitric acid, and a host of other indicative symptoms, call to the mind of every practitioner an experience which shows the power and efficacy of our form of treatment.

### *A Case of Colocynth Poisoning.*

Hagadorn<sup>28</sup> :

A woman believing herself pregnant purchased a quantity of "bitter apple" of a druggist, and, putting it into a quart jar, poured upon it a pint of gin. This she allowed to stand twenty-four hours, and drank nearly the entire amount of the supernatant liquor during one day. The writer saw the case at 9 P. M. of that day. The patient was a large woman of about forty-five years. She presented the appearance of one suffering from apoplexy. She was unconscious, breathing noisily, her face congested, with pupils dilated and conjunctiva injected.

At first it was thought she was simply drunk, but upon investigation it was found that she was having frequent bloody stools and passing large amounts of bloody urine.

Her body was rigid, and bloody froth exuded from between her tightly closed teeth. No history whatever was obtainable. Apomorphia hypodermically quickly relaxed her and produced emesis. The ejected matter had the faint odor of gin.

The stomach was now washed out and a hypodermic of atropine given. The next morning the condition was unchanged. She was rigid at times and had numerous bloody evacuations, and the urine was now smoky and almost pure blood, indicating hemorrhage from both kidneys and bladder. She had uterine hemorrhages of a bright color. The patient, while

not entirely unconscious, would give no intelligent answer, but a thorough search of the house disclosed the cause of the trouble. On the top shelf of the pantry was found a fruit jar containing the "bitter apple" and two or three ounces of gin.

The woman was now forced to take large quantities of hot water at intervals, and full doses of powdered opium with bismuth were given every three hours. The symptoms were not relieved. The next day she was able to talk a little, and confessed the whole business. She suffered with gastro-enteric pain, vomiting, and hemorrhages from mucous surfaces for over a week. Examination revealed the fact that she was not pregnant.

### *Gelsemium.*

M. W. Van Denburg<sup>6</sup> says :

A few years ago I noted these symptoms in Hering : "Pharyngeal inflammation, with pain on swallowing, shooting up into the ear." "Catarrhal deafness, with pain from throat to middle ear." "Earache from cold." "Coryza in changeable weather, with inflammation of upper part of throat, and shooting pains into the ear when swallowing." These symptoms are marked in Hering by one heavy stroke, which means "Symptoms verified by cures." None of these symptoms occurred in provers, hence none are found in Allen, and we must conclude that they are only such symptoms as have been cured by use of the drug.

This is the class of symptoms that all our reformer friends have decided to throw out without mercy. And this is the result of giving them a trial, as far as I am concerned. In all cases of catarrhal colds, with pain streaking to the ear on swallowing, I have not failed to relieve the case in a single instance. This symptom, which doubtless arises from an inflammation of the eustachian tube, that has extended from the throat to the middle ear, and hence threatens otitis media, has not failed in a single case to be relieved, and the ear trouble aborted.

Again, earache in children, "with increased pain on swallowing," has in all cases yielded to this drug.

Besides this, nearly every case of earache has

been helped by gelsemium, if it was neuralgic or catarrhal; but I am inclined to think that most of the apparently neuralgic cases were catarrhal.

Again, in the beginning, parenchymatous tonsillitis or quinsy is almost always accompanied by pain shooting into the ear on swallowing.

In all such cases, if the remedy was given during the first six to ten hours, the case was aborted completely, no pain or soreness remaining after twelve to twenty-four hours; and I have known cases cured in three hours. But it is rare to get a case early enough for that. In all of these cases I give enough of the *rx*, or the tincture in water, to render it distinctly opalescent, and repeat dose, one teaspoonful, very, very often, until the head begins to swim and the eyes blur; then less often until pain is all gone. This in adults.

In children I give *rx* or *2x* until ease, and generally sleep, is produced.

The use of gelsemium in quinsy is comparable to silica and to hepar sulphuricum. I have aborted cases with silica, but much less quickly. A silica case, I would suppose, might differ in not being so rapid in its onset, and in less feverishness. The hepar case is possibly distinguished by greater tenderness between periods of swallowing. But my first reliance is usually on gelsemium. If pus has formed, as is usually the case after twenty-four hours, I begin with gelsemium to reduce the swelling, and follow with hepar or silica to hasten resolution.

♦ ♦

### THE PART THAT SULPHUR PLAYED.

By C. B. GILBERT, M. D., Washington, D. C.

THE cases reported by Dr. Reed (cur. vol., p. 123) and by Dr. Beil (p. 219) are interesting for several reasons; one would hardly think of Sulphur as the first remedy in Dr. Reed's case, yet let us compare chronic diseases.

CASE.	SULPHUR.
Seemed afraid of everything. Wild, staring look.	Starts violently. Anxiousness. Inclined to start.
Very sensitive to light.	Intolerance to sunlight.
Very sensitive to noise.	Every noise is disagreeable to him.

Pupils very much dilated.

Eyes much injected.

Eyes nervous and trembling. Twitching and squinting of eyelid (left).

Pain in head, with vomiting. Headache, with squinting of left eye. Head hot, especially the back part.

Convulsions.

Dilatation of pupils for an hour (32d day). Distortion of left pupil.

Swelling and redness of the eyes.

Twitching of the lower eyelids every day. Twitching of lids for several days. Jerking in eyelids, worse in afternoon. Obscuration of sight.

Headache, with nausea.

Headache; the lids are drawn together. Headache, with pressure upon vertex and occiput, with pressure upon eyes, which she was obliged to close. Pressure in the head and through the eyes. Heat in head, violent and dry. Sulphur has a paragraph devoted to "fits" (see "Ch. Dis.").

It is an axiom that the merely pathological symptoms are not of much use in selecting a remedy, so it cannot be expected to cover with a remedy like Sulphur those diagnostic, like left arm and leg in motion, etc.

Temperature high in morning, lower in evening. Picking of nose and lips.

This is quite characteristic of S. Itching of nose.

The symptoms cited would seem to indicate, not that broad and dangerous generalization that "S. helps when other remedies do not," but that it was indicated by the symptoms of the patient which were peculiar to him and not by those diagnostic of the disease.

It seems to the writer that the remedy indicated by the symptoms of the acute onset was Stramonium; the writer's experience is that Stramo. supplements Sulphur, especially when the brain is involved.

It is dangerous to give a deep antipsoric during an acute disease, especially when the vital centers are involved, until after the acute symptoms have been subdued with vegetable remedies, which in the writer's humble opinion are the true remedies for functional disturbances; as it was, those twelve doses nearly killed the boy; one dose stops the progress of



disease, but the second is often needed to set the patient going on the backward track.

In Dr. Beil's case the question come up, Was Rhus tox. indicated at all? which the writer answers No! that it acted only as a palliative, which is always worse than no medicine, and its exhibition wasted valuable time. The symptoms on which the doctor prescribed Rhus tox. would seem to be: "Sleepy, but cannot sleep; cries for rest, but must change position continually" (he means frequently, probably, instead of continually, which would be impossible in such a case); "always worse after midnight; tongue flabby, with fiery-red tip." These on casual examination would seem to be good for Rhus tox., but it will be noticed that the tongue, while red at the tip, was flabby. Now, a Rhus tongue is long and narrow, and that shaped tongue is not flabby, but often becomes dry and hard, and then is either red all over or else has a dry red strip with a dry red triangular tip. The writer has seen this "flabby tongue with fiery red tip," and has found it to indicate Sulphur, and not Rhus tox. Let us compare the symptoms with the chronic diseases.

CASE.	SULPHUR.
Breasts heavy and hard.	Jerking in a mammary gland, which became distended as if filling with milk.
Vagina hot and dry.	Burning in vagina; is hardly able to keep still.
Sleepy, but cannot sleep. Restless yet cries for rest.	She does not sleep at all, although she is tired. Turning from side to side in bed at night.
Very weak.	Weakness and faintness are prominent.
Apprehensive of death.	Anxiety marked.
Vesicles and pustules.	Both very marked.

After first giving Rhux tox. nosebleed occurred, which was a misfortune, as it was not in the curative direction; besides, although it brought down the fever somewhat, it could not hold it, and the patient was no better; on the contrary, horribly perverted lochia came on after the second prescription, and when that failed the whole system was saturated with it, as shown by the offensive sweat; the fever went up and the patient down; she got no better until after Sulphur was given, and the Rhus did no good

until after Sulphur had been given twice; after the first dose of Sulphur the improvement was interrupted with Rhus tox., which seemed to spoil the sleep, which is one of the most reliable diagnostic signs of the homeopathicity of a prescription.

It is true that probably some of the symptoms could only be those of Rhus tox. (or radicans), but being caused by Rhus does not prove that Rhus will cure them. It seems to the writer, in answer to the question of Dr. B., "What part did Sulphur play?" that the play was a monologue by Sulphur with interruptions from the gallery by the Rhustters; nevertheless, the doctors are to be congratulated, for under any treatment but *Similia similibus curantur* both of these patient would have died.

♦ ♦

### LYCOPODIUM CLAVATUM.

By WILLIS B. STEWART, Indianapolis, Ind.

THIS cryptogamia is a perennial evergreen herb commonly known by the name of club moss, ground pine, hog's bed, snake moss, stag's horn, and wolf's claw. It has a short, tough, wiry stem terminating in a reproducing or fruiting peduncle. The roots are spike-form, solitary, straight, and are of a light yellowish color.

The leaves are linear, awl-shaped, incurved, spreading, and are crowded on the stem. They are light green in color and are tipped at the terminal with a long, incurved, capillaceous bristle.

The club moss is a native of and indigenous to North America, Europe, and Asia, and to similar latitudes in the southern continents. It is mostly found and is most prolific in dry, shaded woodland. It fruits in the hot months of July and August.

This herb, prior to the potentization of its pollen, never won any permanent place in therapeutics; however, the whole plant was used under the name of muscus clavatus by ancient physicians as a stomachic and diuretic.

The Druids, from their frequenting the forests, learned something of the physiological action of the herb, and during the seventeenth century they used a preparation of the whole

plant, called *lycopodium selago*, as an active cathartic. But the true therapeutic virtue of the drug lay sealed, in the hull of its tiny pollen, from the knowledge of the early apothecaries and doctors. Such men as Hippocrates, Esculapius, Aponensis, Celsus, and Galen, honest and earnest investigators though they were, failed to discover a fundamental principle in the preparation of medicine, so universally believed now, that power to cure can be developed in inert substances by comminution. The latent power of *lycopodium* remained where creation had placed it, locked in the yet unfathomed mystery of Nature's own secret, until the great scientist, philosopher, philanthropist, and physician, the father and fearless promulgator of true therapy, Samuel Hahnemann, broke its environing shell, developed its potentiality to cure disease, and gave to medicine a most magnificent remedy, a remedy more highly prized because of its having been developed from worthlessness, of power developed from inertia, of positive force from negation.

The spores of the club moss have been found useful, and have been used by some physicians as a diuretic in dropsy, a drastic in diarrhea and dysentery, and to determine suppressions and retrocessions; they have also been given as a nervine in spasms and hydrophobia, and as an aperient in gout and scurvy. Externally the spores have been used as a dusting powder for various skin diseases and in the excoriations of infants to prevent chafing. This powder has been found the most efficacious application in *plica polonica*, a disease which is endemic in Poland and other northern European countries, which disease manifests itself in the scalp and hair, matting and twisting the hair badly.

In pharmacy the pollen of club moss is used to keep pills and lozenges from cohering.

The pollen are very inflammable and flash with a hissing noise when ignited, hence this dry powder has been used in pyrotechnics, and also to produce an effect imitating a flash of lightning in theatrical performances.

These spores are inert so long as the shell is unbroken, and are used in legerdemain to coat the hand, after which that member can be dipped into water and removed perfectly dry. It was when thus being used that its properties

were accidentally discovered, as the spores in some cases were crushed and the oily substance contained in them came in contact with the skin, producing some quite severe skin symptoms.

*En masse* the spores form a fine yellow, odorless, tasteless, mobile powder, which adheres readily to the skin or fingers.

The *lycopodium* of commerce is mostly gathered from Russia, Germany, and Switzerland, and is usually quite pure, though it may be easily adulterated with the pollen of cat-tail, pine, spruce, or hemlock.

When so adulterated the deception can only be detected by the microscope.

A tincture of *lycopodium* is made by first triturating the dry powder for hours, until the spore shells are all broken, then adding a sufficient amount of alcohol to form a paste, and triturating again for a time, then adding five parts by weight of alcohol, and putting into a tightly stoppered bottle, setting it away in a cool, dark place to stand for eight days, shaking it well twice each day; then straining and filtering. This tincture has a clear, yellow, straw color, is oily in both taste and odor, and is neutral in reaction.

"Chemically the pollen contains fat oil, sugar, gum, and pollenin, and when burned the ash yields alumina and phosphoric acid."

The physiological action of the tincture of *lycopodium* is organic excitement: the blood is quickened in its motion: the appetite is increased, with accompanying headache.

The bowels move oftener and the urine is voided more frequently. The sexual desire is increased: a special affinity for the urinary organs is manifest in frequent micturition, which is painful: the urine is clouded, and contains a sediment of red sand or brickdust, which adheres to the vessel and which loosens only with a bath of hot water. The urine may also contain mucus and blood.

When long continued, in doses of more highly potentized form, the scope of symptoms is very greatly increased and enlarged.

Camphor moderates the violent effects of *lycopodium* and *pulsatilla* subdues the feverishness produced by it, while the ill-humor, fault-finding, diffident and reproachful mood is changed by causticum.

A cup of coffee taken during the proving of *lycopodium* thoroughly neutralizes the action of the drug.

This is a brief history of a drug which had no clearly defined place in therapy, and was only used in legerdemain and pyrotechnics and as a coating for pills, and was regarded as inert when given internally, until the great discoverer of the law of therapeutics, Samuel Hahnemann, potentized it by trituration, administered it to a healthy organism, proving its pathogenesis, developing its power to cure disease when potentized, and placed it in the forefront of curative agents, classing it, because of its healing properties in chronic maladies, with the antipsorics.

*Lycopodium* has a large power to arouse nature to her best efforts against disease, hence it is in deep-seated, long-standing diseases, in suppressions and retrocessions, that it achieves its most brilliant results.

In those who are failing in health, whose very countenances mark them with the pallor and cachexia of waning vitality; in long-standing functional or organic disease of the organs of vegetative life; in those who are branded with dyscrasias, in whom the acute natural disease does not fully develop or where the natural disease force is stamped and driven into the nervous system or into some vital organ, it is in such cases that *lycopodium* finds its ready response, and aids nature's weakened forces to fight the battle.

Hence in suppressed gonorrhea, or ulcerous fluxes, in undeveloped scarlet fever, in scrofula, incipient consumption, in failing virility from disease or from excesses, in premature senility in those who have had neglected or badly treated disease; in feeble old people who have undeveloped pneumonia or bronchitis, and in catarrhs of the diathetic, in any and all these it will arouse nature to her fresh efforts.

It is a remedy having a wide range of symptoms, acting as it does on vegetative life, depressing organic function, inducing advancing weakness in vegetative life, leading to wasting and decay of the tissues of the body.

The action of *lycopodium* is continuous in the system for from six to seven weeks.

In its pathogenesis numerous symptoms are

manifest, but the characteristic ones indicating its employment are few, and are fairly well known and recognized. Most homeopaths can prescribe it on a few well-chosen symptoms, the chief of which is an accumulation of flatulence in the abdomen, with a tendency upwards, accompanied with gurgling and rumbling in the left hypochondrium.

I have no quarrel to make, no "rag to chew," with anyone on the potency question, and toward him who is skeptical in the belief of the potential power of drugs, when developed by trituration, I entertain no malice. And for him who disclaims, in the face of a century of proof, the principle of drug-power developed in such a manner I have but the compassion of silent contempt, for this one drug verifies and confirms the belief in such a principle to all who will discard prejudice and investigate. He who believes not that power can be developed in an inert substance by potentization and comminution is to be pitied for his ignorance, chided for his bigotry and prejudice, and educated out of his pessimism and away from his superstition and empiricism.

That potentiality is developed by the process of comminution is a matter of positive scientific knowledge to all who have tried to verify its truth.

I am fully convinced that the low potencies of *lycopodium* do not act so promptly and are more uncertain than the medium or higher ones. I use almost exclusively the 30x or 200x.

The action of *lycopodium* on the blood in fevers is marked, in typhoid and scarlet fevers, in diphtheria, and in liver troubles and varices; on the liver in dropsy, on the mucous membrane in catarrhs, and on the kidneys in infarction.

The patient is emaciated, weak; the tissues are soft and flabby; he is weary. The nervous system is relaxed; the tissues are sore; the limbs tremble.

The circulatory system shows agitation; the nervous system has sensations of numbness and may have paralysis; the memory is weak, and there is a deficiency of animal heat.

In liver and lung troubles the face is pale and sallow, containing furrows, creases, and



wrinkles ; the eyes are sunken and surrounded by a dark zone.

The mental sphere shows impatience, irritability, anger, sadness, even to tears ; domineering, self-importance.

The outward appearance of the patient presents the picture of deep-seated disease.

The skin is dry and itchy ; it burns and smarts when heated ; is discolored with coppery hepatic spots ; herpetic eruptions in spots which itch violently ; freckles ; boils which come periodically ; fistulous ulcers ; mercurial ulcers ; carious ulcerations ; chilblains ; warts ; glandular swellings ; dropsical swellings ; anæmias ; chloroses ; curvature of bones ; arthritic nodes ; varix in legs and genitalia, especially varicosity of labial veins during pregnancy.

Nævi sometimes yield to this remedy. In the muttering delirium of typhoid at the close of second week, when the abdomen is greatly distended, with rumbling or quiet flatus, the urine is passed in bed and deposits a reddish, sandy sediment on the sheet. There is impending paralysis of brain in low typhoid condition ; the patient lies in a stupor, his pupils are stable, the chin drops, he snores or rattles, his urine is suppressed or involuntary, his pulse intermits. Such a patient is nearing death from asthenia, and *lycopodium* may save him.

A child with scarlet fever may awaken feeling worse : is cross and irritable : cries, whines, kicks off the clothing, and strikes and fights those who go near. *Lycopodium* will change the condition to a milder and better one.

A child's urine is loaded with lithates, the recrystallized uric acid irritates the urethra and bladder, the child cries when it voids the urine, it awakes crying with pain in bladder and is cross ; *lycopodium* is the remedy.

Headache over the eyes of rheumatic type, worse after breakfast : rush of blood to the head when awakening in the morning : constricting sensation in the scalp, bones of the head painful, hair falls off.

Pressure and burning in and around eyes, which are inflamed : the lids agglutinate : vision is dim : there are black spots or bright sparks before the eyes.

The ears are sensitive to noise, are painful, discharge purulent ichorous pus. The olfac-

tories are hypersensitive : the nostrils ulcerate : nose is stopped, or is discharging ichorous, sero-fibrinous matter in scarlet fever or diphtheria : nose dry, dry coryza, with full feeling in forehead : violent fluent coryza, with acrid discharge.

Pain in upper jaw and submaxillary glands, which are swollen : the teeth ache, are sensitive to touch : the gums are swollen : teeth throb, worse at night : gumboils.

The tongue is swollen and covered with blisters or tubercles : the mouth smells fetid.

He is excessively hungry, but fills up after taking a few mouthfuls, and is immediately distressed in the stomach : hunger is easily satisfied, but returns soon. The abdomen is full, bloated with gas, there is an accumulation of gas in the splenic flexure of colon, which gurgles when moving or when exhaling. The gas in abdomen tends upwards, and not downwards.

The liver is sore to pressure, and he has a sensation of fullness in right hypochondrium. The diaphragm is sore and contracted, giving the sensation of tension, as though a cord were tied about the waist, worse after a meal. Chronic hepatitis and abscess of the liver.

Rolin R. Graig claims, in his work on diphtheria, that when the disease begins on the right side of the throat and goes to the left *lycopodium* is always the remedy.

I have tried many times to verify this claim, and with some success, but falling far short of the success he claimed. The tonsils are swollen, with desire to swallow often : deglutition is painful, worse when swallowing cold liquids. The exudate extends into posterior nares, occluding the nostrils.

The dropsy of *lycopodium* is in the lower portion of the body. (Edema of the genitalia, chronic orchitis, weakness of the genital organs, with diminution of sexual instinct : male impotence of long standing : penis small, cold, and flaccid : feeble erection : excessive sexual desire : satyriasis : exhausting pollutions.

The bladder has stitching pains, with frequent desire to urinate : the urine is dark, foamy, with brickdust sediment.

Ineffectual urging to stool, internal rectal sphincter is contracted and tense ; stool small and hard—inactivity of rectum, with much

flatulence, internal bleeding piles. Amenorrhea where the flow is suppressed from fright: flow lasts too long and is too profuse. Previous to flow the abdomen is bloated, the limbs are heavy, and the feet are cold. Bloody leucorrhœa: tendency to miscarriage with varices on the pendentum. Hard, burning nodosities in the mammæ, with stinging, scurfy, sore nipples.

Pain in the kidneys, with pressure in renal region; chronic catarrh; grip; short, hacking cough; night cough, bloody or yellow sputum with sore feeling in chest; ulcerating phthisis; hemorrhage from chest in weakly females, with suspected lung trouble.

In old cases of badly treated gonorrhea, with suppression of discharge; pain in urethra, fullness in rectum, and soreness in perineum. The time of aggravation in the lycopodium patient is from 4 to 8 P. M.

I believe many failures to cure, where lycopodium is indicated, are due to the use of too low a potency and to the too often repeated dosage.

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### FROM MY CASE BOOK.

By THOMAS SIMPSON, M. D., Physician to the Hahemann Hospital, Liverpool.

MARY D., aged twenty-eight, primipara; living in ill-drained cottage. Requested to see her on August 16, 1897. The accoucheur in attendance during her recent confinement told me that three weeks before our visit, after a tedious, prolonged labor, her weakness was pronounced, pulse 126, temperature 105°, lochia offensive. Soon after diarrhea set in (green stools). Vomiting of food and bile. On August 16, as aforesaid, I found her prostrate, with profuse sweat, red tongue, purging, vomiting, tumid, tender, violent paroxysmal pain in abdomen, thirst, flushed face, sleeplessness, scanty fetid lochia; belladonna No. 6 every hour (six doses). Next day slight improvement, less pain, lower temperature, but restless and prostrate. Arsen. alb. 6 every hour (six doses) again fulfilled its indications, but finding the symptoms only relieved, I directed six more doses at hourly intervals to be given. Improvement being marked next day, we omitted all medicine, and, when new symptoms calling for

sulphur arose, that medicine was given in the sixth dilution, which seemed to relieve the hot palms and soles, the faint weak spells, panting for cool air, and diarrhea, and in four weeks from my first visit she was well enough to leave her bed. She is now quite strong.

In September, 1897, being requested to see a boy aged seven, who had suffered from "diarrhea" for three months, I found on arrival that he had lost flesh, was so much exhausted he could not sit up or hold his head square on his shoulders. I hesitated to undertake treatment, seeing he had been abandoned by the family physician and a consultant, after various medicines had failed to relieve. Stools frequent, jelly-like, offensive, undigested. Arsen. alb. 6 relieved greatly, but left him with early morning diarrhea, profuse, frequent, gushing watery stools, entire loss of appetite. Podophyl. 12, one pilule after each stool, soon improved condition, but finding the stools became greenish, suddenly expelled in morning only, and the child had become greatly emaciated, I gave sulphur 6, every morning for a fortnight, and recovery was perfect and permanent.

A girl of fourteen, with noma pudendi—the left labium being almost destroyed with a phagedenic ulceration, much fetor and ichor. Her face was pallid; pulse feeble and small, tongue raw, sleep restless. Arsen. alb. 6 every night and morning caused all untoward symptoms to disappear in twenty-eight days.

A widow aged forty-three, who, after feeling a severe rigor on a wintry morning, retired to bed and after three days sent for me. I found her pulse 120, temperature 104.5°, respirations 40. Face crimson, left lobe of lung manifestly hepatized throughout. Veratr. viride 3 every three hours, twelve doses. Thence all grave symptoms seemed to be relieved, but the temperature still registered 103° and respirations 28. Stitch pains severe under left scapula, increasing on least movement. Bryonia 3, every two hours, twelve doses, followed by relief of pain, diminished fever, easier respiration. Expectoration became muco-sanguinolent but difficult, all symptoms increased toward night. It seems to be generally admitted that phosph. is strongly indicated, even at the onset of pneumonia, if the fever is of asthenic type, hence its peculiar

adaptation to influenza with lung complication, and to tuberculous individuals (to which class this patient belonged). She therefore received twelve doses of phosphorus 6, at intervals of three hours, and improvement continued for three days. Suddenly the febrile symptoms returned (vascular excitement, dyspnœa, intensity of all the thoracic symptoms), when sulphur 6 was given (with the view to encourage absorption of the exudation). The result was remarkable; tranquil sleep, moist skin, easier breathing, slower pulse, were observable. (Prolonging the intervals from four to eight hours this drug was given for seven days.) Exudation taking place rapidly and reabsorption slowly; tartar emetic 3, given every four hours, enabled patient to expectorate freely.

This remedy points to deficient reaction, hence its adaptation to aged persons and when emphysema is present.

In this last state the greatest anxiety is often caused to the friends and the physician of the patient because of the urgent dyspnœa and difficult expectoration and profound prostration through œdema of the lung in this crisis. Here phosphorus will often revive the drooping powers, excite cough and expectoration, and so relieve the water-logged organs. We may affirm that it has proved, at the brink of death, a savior, and prepared the way to administer ipecacuanha or antim. tart., which are excellent complementary medicines for this state.

The next record I have to make is one of scarlatina maligna in a girl of ten. Eruption crimson, in patches on cheeks, wrists, chest, and thighs. She had a rapid pulse (132), a temperature of 104°, swelling of submaxillary glands, an ichorous discharge from nares, putrid sore throat, snoring respiration. Arum triphyllum 3 was taken every three hours, with some signs of improvement; but as the tongue became deeply red and covered with vesicles, a thick white nasal discharge of foul odor was visibly annoying the patient, who was soporous and delirious, the abdomen being tender to touch, apis mellif. 3 was given every four hours until relief of this group of symptoms was manifest, then sacch. lactis, and maltine, a tablespoonful three times a day, seemed to revive the wasted energies and impart hemoglobin to the blood. In such

states we often find Tokay liqueur, in dessert-spoonful doses, of service, and very grateful to the palate; or Carnrick's liquid peptonoids will answer the purpose as well.

We will briefly review treatment of three chronic cases.

A gentleman aged sixty-two, who weighed sixteen stone, sent for me last February complaining of fullness of the abdomen. On examination I found extensive ascites, inability to lie down, greatly disturbed digestion, jaundiced skin, dark urine, pale stools, flabby heart, and œdema of legs. We put him on a diet of milk, fruit, toast; whisky was replaced by Vichy water (grande grille) and minute doses of copaiba were given frequently. This seemed to cause diuresis, and as the Vichy acted on the bowels, we gladly availed ourselves of this advantage. After one month china 3 was given every four hours, till (the serum accumulating) we drew off three gallons three quarts of fluid of a clear yellow color. The palpation of the liver region revealed a hypertrophied, hard, sharp-edged body. The spleen was also hypertrophied, but the superficial veins were not distended; and the man's history contradicted the diagnosis of atrophic cirrhosis, and the result of treatment, so far, justifies the prospect of his recovery, seeing that the fluid in the abdomen is less on each occasion of performing paracentesis, and his appetite, digestion, sleep, stools, and urine are now perfectly normal. Since July he has taken successively, natrum choleiicum, trit. 3x, twice a day, for two months; ext. fellis bovis, aurum natromuriat. 6x, bis die, for three months. Diet consisting of raw eggs, skim milk, meat juice, baked apples, dry toast. He has been tapped six times since February, and he appears likely to recover perfect health.

Dr. Drysdale suggested ext. fellis, gr. i., bis die, and milk diet with white meat in a case (hypertrophic cirrhosis) I had in 1881, and the lady lived until 1895, enjoying good health until within a year of her death; a *post-mortem* inspection confirmed the diagnosis he had given and the treatment he suggested.

About four years ago I visited a gentleman, then aged seventy-six, of very studious habits and gentle disposition, who had, on my arrival, urgent dyspnœa (cardiac asthma); expectora-



tion, without cough, of frothy serum; he dare not speak, nor move a voluntary muscle, for fear of dying. I gave him *mi. amyl nit.* in glycerin and water. When he rallied I found the heart seriously damaged—aortic regurgitant murmur, violent impulse at apex, beating against the fifth rib. The lower lobe of left lung was cirrhused, and on the right numerous fine crepitating râles. He said: "My nights are spent in struggling for breath on awaking every two hours, for at least half an hour." I advised a gas fire with a bronchitis kettle containing pinol, and 1 dram of chloral hydrat. syrup just before retiring to bed. He also takes *ars. iodat.* 3 twice a week, and enjoys his literary pursuits with unabated vigor. In "Arndt's System of Medicine," under *Cardiasthenia*, chloral is commended in the urgent dyspnea so often present in flabby heart; I can gratefully subscribe to his counsel, because of relief it has afforded during years to victims of this trying malady. *Convallaria majalis* is a valuable agent in similar states in my limited experience. Systematic stimulation; liqueur whisky seems essential.

The last and most striking proof of patience rewarded is that of a lady aged sixty-five, of bloated, spongy habit, whom a redundancy of fat prevented from any exertion. Six years since I found her suffering from vomiting, persistent nausea, chronic constipation, jaundice, severe pains in liver region. The tube of an enema could not pass into the rectum, so I fastened a male catheter to the ivory nozzle by a short India-rubber tube and injected in the knee-elbow position 1 quart of warm water with 2 drams of *ext. fellis bovis* dissolved in it; a copious pale stool soon escaped, which was most offensive. *China* 3 was taken for a week twice a day, when it was omitted because of a pain under right scapula, lower inner angle, with slight nausea, and *chelidonium* 3 substituted at the same intervals. This speedily relieved the discomfort and was then discontinued because we are instructed always to desist from medication when improvement begins, renew it when improvement ceases. The digestion was so feeble that only small quantities of easily digested food could be tolerated, pain and flatulence immediately following the inges-

tion even of bread. Benger's food, scalded skim-milk, meat juice, and perfect rest with massage, were resorted to. She became emaciated and sallow, and examining the rectum I found a cartilaginous ring of uneven caliber existed at its terminal. I advised injections of slippery-elm gruel every evening, and gradually the bowels regained their power to expel feces, the countenance looked healthier, strength firmer, and she is now in excellent health, reaping the reward of patiently pursuing a rigidly abstemious dietary, and steadily persevering in a chronic course of medicines suited to the existing conditions—*lycopodium*, sulphur, arsenicum, phosphorus, *hydrastis*, and *sepia* in succession. The stern necessity of enforcing rest and the lightest possible diet in chronic diseases of the stomach and duodenum must be obvious, and I always tell such people that co-operation by subordination is their duty, as a condition I should fulfill mine.

♦ ♦

#### GOLDEN GLOBULES.\*

As flows the stately Potomac, typical of the burning fir which marks the council fire, so let our wisdom flow in one grand stream as it speeds onward toward the great ocean of truth.

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Count that day lost which adds no measure to our knowledge. Count that meeting wasted which crystallizes no truth into the perfect gem of thought.

\* \* \*

Bowed with the weight of nearly sixty years of precedent and speech, I stand before you to-night wondering what can be said that has not already been said by my predecessors. Yet the hopelessness of Markham's "Man with the Hoe" is not upon me. There is certainly something yet besides to be said about our common cause, and it is to be hoped that the time is far distant when nothing more can be said; for when that time comes the period of our decadence will be at hand.

\* From President Walton's New National Theater Address at Washington, D. C., June 19, 1900.

Adoration is no sign of weakness ; and premature action is no evidence of strength. As an organization we are not complete. As a school of medicine we are not finished.

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I hold to the broad proposition that the right to practice medicine in one State should carry with it the right to practice in every other State, in every Territory, and in the District. The right of the citizen to receive unqualified medical service is certainly the same in every part of this country.

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The diploma or license should stand for an average qualification. Uniformity of medical law can only be secured in one of two ways—either by Act of Congress, which will involve a constitutional amendment (a most difficult thing to accomplish) ; or concerted legislation on the part of each State—which will possibly be no easier to secure.

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Resolutions may formulate an opinion or express a wish ; but resolutions alone will result in nothing. The committees on Medical Legislation of the National Medical Societies should co-operate in this matter. They should decide upon a just law, and this should be enacted either by Congress, or the Legislatures of the several States.

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The best protection to the public against the practicing of unqualified persons will be a National Board of Examiners, furnishing a National license.

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The qualified physician desiring to change his location should not be required to stand an examination, or to pay more than a nominal fee for registration.

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Make the standard of education high ; but when the physician reaches that standard, exempt him from examination by boards who are not likely to be as well fitted to find out what the physician knows as are the college faculties.

The object of any examination should be to discover what the applicant *knows*, not what he does *not* know.

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Four years is ample time in which to acquire the foundation of medical knowledge. This is as much as should be expected of our colleges. Life is so short that the education of the physician ought to be so plain as not to lose a single year—so plain, with reference to mental development, that the plastic mind may be fitted for its life-work with the least amount of mind-waste and time-waste.

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No child should be in school before seven years of age ; he should enter the high school by fourteen ; be ready for the literary college or university by eighteen ; by twenty-one he should enter upon his professional school ; and at twenty-five be prepared to assume the responsibilities of his profession.

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“Would it be wise to establish a chair of homeopathy in an allopathic college ?” Would it be wise to establish a Protestant chair in a Catholic institution ? Would it be wise to drill democrats in a republican camp ? It is just as difficult to gather figs from thistles now as it was nineteen centuries ago. Water and oil do not mix more readily now than formerly.

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There is no place on earth for emulsified homeopathy ! A triturated allopath might be spread over a greater surface, but he would be of no more use for medical progress than a combination-tablet.

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No ! Teach homeopathy in homeopathic colleges, and see that it is thoroughly taught ! If allopathic students hunger and thirst after homeopathic nutriment, they will find our feast constantly spread and a cordial welcome awaiting them ; we shall not even tax their endurance by a homeopathic blessing, but let them begin at once.

If homeopathic students hunger after allopathic fleshpots, their cravings can be satisfied in almost any homeopathic college.

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In all walks of life we need the young man. The best work of the world's celebrities has been done early in life. Said Goethe: "We must be young to do great things." Said Oliver Wendell Holmes: "New ideas build their nests in young brains. Revolutions are not made by men in spectacles; and the whisperings of new truths are not caught by those who begin to feel the need of an ear trumpet."

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I speak of this subject in the interests of the young men in the profession; the young men in the Institute; the young men in the faculties of our colleges. We profit by their enthusiasm, by their energy, by their ambition which keeps them abreast of the times. This is the era of the young man.

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If the young man cannot be held in check by the old men, let the old men step aside, or be crushed by the onrush of all that which makes for the universal good. Old men for counsel, young men for war—and this is as applicable to societies as to nations. Every encouragement should be given the young men to join our ranks and give to us of their strength.

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The American Institute of Homeopathy is no old man's organization. Of the 1900 members only 230 are twenty-five years of age in the society.

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At the last meeting of the Institute a resolution was passed giving especial prominence to a definition of a homeopathic physician. So complete was this definition thought to be that it was looked upon as an expression of wisdom worthy of perpetual prominence in the Transactions. Is it thus that the Institute seeks to rid itself of the odious exclusive dogma which has for years furnished our allopathic friends

with an excuse to don the holier-than-thou garb of medical exclusiveness?

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Since the announcement of the Porter definition, how many members of the Institute have been overwhelmed with allopathic consultations, or flooded with solicitations to join allopathic societies?

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Does a man become a horticulturist by adding a grain-house to his residence? No! He must horticult. Does an artist become a sculptor by adding to his knowledge of painting a knowledge of chiseling? No! He must chisel. Does a donkey become a lion by adding to his own the skin of another beast? No! He must be born again. Does a physician who merely adds to his knowledge of medicine a knowledge of homeopathic therapeutics become a homeopath? No! He must practice homeopathy.

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Bartholow added a knowledge of homeopathic therapeutics: did this make him a homeopath? Scudder added a knowledge of homeopathic therapeutics: did this make him a homeopath? Ringer added a knowledge of homeopathic therapeutics: did this make him a homeopath?

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The mere knowledge of homeopathic therapeutics will not make a homeopathic physician. He must practice homeopathy, not necessarily as you do, or as I do, but according to his ability to apply Hahnemann's dictum. Let him use his adjuvants according to the tradition of the fathers, or as he has inherited them from his predecessors, or has acquired them by right of discovery; but his remedies must be selected according to the law of similars.

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But I hear someone say this is the meaning of the definition. Very well; then a specific declaration should be made. A definition which has to be defined is much like a man-made creed, that needs to be laboriously explained before it comports with the Bible. The spirit of this



definition is correct ; but I don't believe that its present form voices the exact sentiment of the Institute, nor, as I am authorized to state, does it express the full meaning of its distinguished author, who will be glad of an opportunity to reframe the definition so as to emphasize the manner of selecting the remedy.

\* \* \*

The fatherland of Hahnemann has been somewhat slow to propagate his views ; but at last there is some evidence of awakening. Berlin, that stronghold of traditional medicine, has recently purchased ten acres of ground for the site of a homeopathic hospital, and a splendid building is to be erected. It is not unreasonable to expect that within the next fifty years Germany, as a nation, will acknowledge her own, and millions will demand the ministrations of her Hahnemannian disciples.

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[President Walton referred in passing, in evidence of the newer advances of our school, to the Ann Arbor Homeopathic Hospital, the Woman's Hospital in Denver, the Cincinnati German Deaconess' Hospital, and, finally, to the recent action of the French Medical and Surgical Society of Paris in electing as a member a surgeon of the Homeopathic Hospital of St. Jacques.]

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In commenting upon this action of our French *confrères*, Dr. Berthod, a member of the society, says : " I believe that the homeopaths operate surgically and obstetrically as we do ; and, for my part, I would give much greater latitude to the question. Ostracism is out of date. We have become too skeptical for it. To-day we talk loudly, but we do not discuss. Homeopathy appears to be a system which has its special indications. A centenarian already, it continues since the time of Hahnemann with the same shortcomings and inconveniences as allopathy ; be the question what it may, the system may with utility be discussed and studied by us. The sincere homeopaths, and I am sure there are such, the only ones in whom we are interested, should make

some effort to propagate their doctrines, and the best method of doing so is by discussing them in the medical societies."

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What a revelation of liberality is this? One is almost tempted to renew his old-time faith in miracles when such a statement can be made in such a society and pass unchallenged. Let this spirit spread, and Homeopathy will have the opportunity to justify her claims to a scientific basis before a tribunal from which prejudice has hitherto excluded her. We know what the result will be.

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What has Homeopathy done? Look to her colleges, her hospitals, her asylums, her journals, her statistics, her societies with all their splendid records. But, more than all, look to her therapeutics and her materia medica ; these are her distinguishing features ; her laurels rest upon them, and not upon her surgery, her gynecology, her obstetrics—only so far as their victories have been enhanced by the similar remedy, the minimum dose, and the single remedy.

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She can turn her aconite into a lancet ; her apis and arsenicum into a trocar ; her bryonia into an aspirator ; her zinc and opium into a trephine ; her hepar or spongia or bromine or iodine or kali muriaticum and bichromicum into a intubation tube ; her pulsatilla and cimicifuga into a pair of forceps ; her helonias and sepia into a pessary ; her phosphorus into a ligature ; by her dilutions and triturations she teaches the divisibility and persistence of matter and the power of the atom.

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By her impress on the old methods of thought Homeopathy has won an enduring niche in the temple of science. New she may be, but she is here to stay. This is the age of new things, in spite of the saying that there is nothing new under the sun. The very sun itself is new—new each day in its influence and relationships. Last year's sun does not ripen this year's harvest.

**CATARRHAL CONJUNCTIVITIS.**

By MILTON P. CREEL, M. D.

**I** RELY on what I term antiseptic treatment. This has been productive of better results in my hands than the old-time remedies.

In carrying out this treatment I first have the nurse bathe the eyes thoroughly with this antiseptic mixture :

R Hydrozone..... 3j  
Aqua..... q. s. ad ʒiv

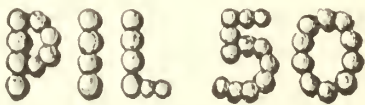
This mixture is used three or four times daily, as the case may appear to demand. Just as often as this mixture has been copiously applied and the eyelids have been dried, I apply, by means of an ordinary glass medicine dropper, two drops of Marchand's Eye Balsam.

This remedy reaches every part of the conjunctiva by the movements of the lids, and it is not irritating ; the patient generally makes rapid progress to recovery.

By this treatment I have found my patients to recover in from thirty-six hours to three days. In fact, my success has been such that I now rely upon this treatment entirely in this affection.

Four months ago an epidemic of catarrhal conjunctivitis broke out in a boarding-school. I was called, and ordered these remedies used on every case that presented itself. The nuns told me that all the cases got well speedily.

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**Lemons as  
a Health Food.**

"While you are giving people simple rules for preserving their health, why don't you tell them about the use of lemons?" an intelligent professional man remarked the other day. He went on to say that he had long been troubled with an inactive liver, which gave him a world of pain and trouble, until recently he was advised by a friend to take a glass of hot water with the juice of half a lemon squeezed into it, but no sugar, night and morning, and see what the effect would be. He tried it and found himself better almost immediately. His daily headaches, which medicine had failed to cure,

left him ; his appetite improved, and he gained several pounds in weight within a few weeks. After a while he omitted the drink either at night or in the morning, and now at times does without either of them. "I am satisfied from experiment," said he, "that there is no better medicine for persons who are troubled with bilious and liver complaints than the simple remedy I have given, which is far more efficacious than quinine or any other drug, while it is devoid of other injurious consequences. It excites the liver, stimulates the digestive organs, and tones up the system generally. It is not unpleasant to take, either ; one soon gets to like it."—*Health.*

[Brer Clarke of Indianapolis has discovered that sand is a panacea for constipation. Here we have lemons as the great desideratum. Whisky used to be given as a cure in consumption. Great is the universal specific. But, really, lemons are a prolific and a well-established remedy.]

**Some Good Remarks  
About the Average Patient.**

The average patient sends for a doctor in haste and repays him at leisure.

The average patient is apt to estimate a physician's ability by the amount of atmosphere he displaces.

The average patient likes to be humbugged. Any old fad will do, so long as it has a new name.

The average patient is willing to pay ten times as much for cutting off his leg as for saving it whole to him.

The average patient, when nearly well of a sickness, will take a bottle of Rotgut's Relief, or a box of Poopendike's Pills, and to these he will give all the glory, and "the doctor be d—d."

The average patient believes that the os humerus is the funny bone and that the seat of all the finer emotions is in the heart, but he thinks he knows more than the doctor, if he could only express himself.

The average patient has just enough of medical learning to misquote. Best tell him simply that he is sick and that you can make him well, perhaps, if he takes the medicines according to directions.—*Denver Medical Times.*

**The American Homeopathist.**

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# The American Homeopathist.

OCTOBER 1, 1900.

FRANK KRAFT, M. D., CLEVELAND, OHIO, EDITOR.

## OUR PORTRAITS.



MARTIN DESCHERE, M. D.,  
New York.

## AUTUMNAL REVERIES.

YES, we take it all back and are sorry for having ever so intimated, for Fisher is alive and "kicking" and at large—is Fisher of Cuba. There is no mistaking his fine Italian hand in that September editorial in his old *Medical Century*. It reads like the old-time Fisher, before he had that bad breakdown ending in typhoid fever—when he was writing homeopathic classics, disseminating light and truth, and generating heat in various people and directions. That's right, old boy: be the editor of your journal, or put up the shutters and say that you've sold your journal and your name to a college and a publishing house. However,

this isn't saying that we approve unqualifiedly everything contained in the referred-to editorial. Not by any means. But we do like to have an editor strike out from the shoulder occasionally with his pen, and assert his independence, his freedom from the trammels of commercialism, from political-collar-wearing, from college-tags, and from advertisement-seeking. And this editorial clearly shows Fisher's old-time free and fearless hand.

\* \* \*

IT is good, again, to note that at least one other journal in the homeopathic fold besides our own has seen things and heard things which, having eyes and ears, others have not seen nor heard. There has been too much assumption that the finishing and unveiling of that masterpiece in Scott Circle completed the entire labors of homeopathy. That "It Is Finished" should have been written and placarded over the bowed head; and then the celebrants were to go home and resume the old treadmill electric or mongrel practice as homeopaths (limited), wholly unmindful or forgetful of the true intent, scope, and purpose of the lesson inculcated by that seated bronze in Washington. Men and brethren, these things must needs be changed! Homeopathy, as a practice, for individual physicians—the better application of the *simillimum*—has not been improved one single iota by the imposing ceremonies in Scott Circle; these, indeed, have added to our fame and laurels as a school of medicine; they have given us, as a class of physicians, official sinews of war, with which to smite remorselessly any man or set of men who dares to haul down the flag—of homeopathy in America; but all these speeches and addresses and bowings and handshakings and music and



flags and bunting and photographs and many some other felicitations upon that August occasion have added no edge to the adze with which the individual homeopath—the unscientific homeopath, the homeopath who is more interested in curing his patients than in brilliant techniques—has been hewing to the line in the hope of overmastering the arch-enemy of mankind—Death.

\* \* \*

WE must not lose sight of the needs of the hour. We must not close our ears to the cry coming to us from all quarters of homeopathy for a rehabilitation of homeopathy. That pathetic speech in the Institute, of Mohr, of Philadelphia sounded a note of warning which we must not, dare not, mis-hear. The need of the hour is better teaching, better practice, better text-book writing. We need and must have more homeopathy and less brilliant technique; more unanimity and cohesion, and less, yea, infinitely less, splitting up of the American Institute of HOMEOPATHY into little Institutes of Specialties with no homeopathy, with but a thin red line, almost naught but a rope of sand,—to wit, the annual dues,—to bind them to the parent Institute. If we be croakers, and prophets of evil, see to it, brethren, that we do not in verity and truth foretell the evil which shall fall afoul of us and our children.

\* \*

#### NEW YORK JOURNALS.

THE *Medical Mirror* editor, he of the Love name, has removed himself to New York, from which point he promises to continue his eagle-eyed superintendence of the *Mirror*. He asserts, in his valedictory, that it is not the intention to remove the "plant" from St. Louis; that it will continue there, in charge of other well-known physicians and writers; but that he, Dr. Love, has gone to New York to be near and in the center of medical news and matters commercial, yet intimately associated with medical journalism.

The New York *Medical Journal*, so long and so well known, being a publication of Appleton & Co., when that firm went to the wall, this excellent journal also bit the dust. We learn

now that the publisher of the *American Druggist* has purchased the *Journal*, and has re-established that prince of medical editors, Dr. Frank P. Foster, in the editorial chair. The New York *Medical Journal*, which we had the pleasure of reading weekly for a number of years, always appealed to us as a strictly first-class, up-to-date old-school journal, which did not find time or pleasure in lambasting systems and doctors other than its own. Dr. Foster has always been too busy pointing out the good things in his own school. And the disappearance of his *Journal* in the bankruptcy of his publishers was looked upon as a distinct misfortune, and one which every lover of good editorial work hoped might be soon retrieved.

Dr. Love is another editor who edits. He had the courage to introduce many new features into his *Mirror*, which the dear, old-fashioned, blanket-papery medical mossbacks have resisted. He has been well supported in his efforts, as witness his success. We trust he may meet with his fondest ambitions and continue his excellent work as an enterprising journalist.

\* \*

#### Materia Medica Miscellany.

Conducted by J. WILFORD ALLEN, M. D., 110 West 12th Street, New York.

References in this department are made by number. See issue of January 1 or December 15 of each year.

#### *Cannabis Indica.*

Dixon<sup>87</sup> concludes an article on the pharmacy of *cannabis indica* as follows: "The drug exerts its effect differently, according to the preparation used. Its effects vary according to the manner in which it is taken into the system. When smoked, exhilaration is most manifest, while when taken into the mouth in small quantities this is generally not observed. Where an immediate effect is desired the drug should be smoked, the fumes being drawn through water. In fits of depression, mental fatigue, nervous headache and exhaustion, a few inhalations produce an almost immediate effect, all the symptoms quickly disappearing. Its results are marvelous in giving staying power and altering the feelings of muscular fatigue which follow

hard physical labor. By the mouth, one hour to two hours are necessary before absorption occurs, but the effects are more lasting than when it is inhaled. The hemp when taken as an inhalation may be placed in the same category as coffee, tea, and kola. It is not dangerous, and its effects are never alarming. It is a useful and refreshing stimulant and food accessory, and its use does not lead to a habit. Used by the mouth it should be classified with the narcotics, and used in this way the nervous effects produced may be such as to cause serious alarm, yet no danger is to be apprehended while the heart remains strong and regular.

#### *A Proving of Cocaine.*

An apothecary of the West Indies undertook to experiment on himself to determine the effects of cocaine on the human system. In a contribution<sup>30</sup> he gives the following interesting account of his experiences during the test :

"After the first quantities, say between 5 and 10 grains, were swallowed, I felt elated, full of life and vigor, cheerful, seeing everything in the rosiest of lights ; my mind would clear up and things incomprehensible to me at other times would become plain and evident. I would be willing to and actually did undergo heavy physical and mental work which under normal conditions I could not possibly have accomplished. It is the most agreeable of sensations, because one feels perfectly and serenely happy. As the dose increased the symptoms would change gradually till, the full amount being absorbed, the toxic symptoms appeared. I felt haunted, restless, morose, quarrelsome ; had hallucinations of being persecuted and of impending evil ; my heart would be pounding at a fearful rate, so that I could actually hear its throbbing ; the eyes got glassy, with a fixed, staring look ; the tongue was heavy and unable to move at will ; a terrible and incessant hacking cough shook the frame ; the mind was obfuscated ; there was inability to eat, with no feeling of hunger, and there were insomnia and an insatiable craving for alcoholic stimulants. These were the most terrible of the many symptoms. Under ordinary circumstances I can stand no strong drinks, and yet, under the cocaine influence I drank daily a bottle of

brandy during those hours, and when no other drinks were at hand I often actually drank pure alcohol, such was the craving for it ; and probably it was due to the cocaine that I never got so intoxicated as the amount of liquor taken would justify one in believing."

#### *Ignatia.*

According to P. J. Montgomery<sup>3</sup> there is a very decided difference between the finer effects of *ignatia* and *nux vomica* that is not explainable by the results of chemical analysis ; comparative clinical experience, however, will quickly demonstrate this to the careful observer. The two drugs are by no means interchangeable. Though chemically and botanically similar to *nux vomica*, the *ignatia* differs materially from that remedy in symptomatology. *Ignatia* is primarily a spinal remedy, as is *nux vomica* ; like *nux vomica*, it seems to intensify the impressionability of all the senses.

"In *nux vomica* this over-excitability is exhibited by anger, vehemence, and irascibility ; . . . in *ignatia* by melancholy, with tendency to weep. The *ignatia* patient is very modest ; and while there is this melancholy with tearful mood, the patient smothers his or her grief and nurses the sorrows ; they bury it from others, while the *nux-vomica* patients are vehement, easily angered, and hard to get along with. There is another remedy which causes this melancholy mood—that is, *pulsatilla*. The *pulsatilla* patient is tearful, sad, and melancholic, but there is not that introspective mood that there is in the *ignatia* patient. She makes her grief known to everyone who comes near her ; she appeals to you for sympathy in a beseeching way, with tears running down her face.

"We find *ignatia* indicated in nervous women who are laboring under grief either recent or remote. She sighs, she weeps when alone, but as soon as the physician comes into the room, or a friend enters, she smiles through her tears. You will find this class of patients touchy and easily provoked, and they will shut themselves up like a clam.

"If she will tell you her trouble she feels better ; and here I cannot magnify the importance of the office of physician or nurse too greatly. Know all that is necessary about this class of

patients, but lock it up in sacred keeping, to be called for only as it may help you to care for and cure the patient, but for no other cause save your honor alone.

"If the patient is a chronic whiner, much exhausted, thin and weak, she clings to her sorrow as though it was some pet that she loved to nurse. She has little or no appetite; complains of a heavy pressure on the top of the head; she breaks her heart anew every day over grief long gone by and sorrow long since dead. Ignatia alone cannot cure such patients; they suffer from the long-lasting effects of grief, the sequela of a disease from which they have not recovered. . . These are the patients that recover under Christian-science treatment, osteopathy, and faith cure. They need to feel your strong personality, your faith in the eternal fitness of things, your 'bonhomie.'"

### *Ignatia in Hysteria.*<sup>3</sup>

Of all of our remedies none so completely corresponds to hysteria and so often cures it as ignatia. Studying the action of ignatia, we find that its greatest force is expended upon the cerebro-spinal system. It produces spasms,—especially of the clonic type,—twitchings, and convulsions. It acts upon the vital powers more than upon the organic substances of the body. It destroys the harmony of and between different organisms, preventing the co-ordination of functions. The nervous system is over-impressionable, inco-ordinate in function, and contradictory in action. The patient is extremely susceptible to emotional influences; fear and grief affect her seriously; the least contradiction offends; she is readily chagrined, and so is often reduced to grief and tears by the slightest cause. The moods change with wonderful rapidity—now she laughs and jokes, then quickly she bursts into tears; sometimes the laughing becomes spasmodic and ends in screams, and even spasms of the chest, with blueness of the face. She dwells upon her troubles in secret and silence, and broods over them until they prey upon the whole system. Her manner becomes hurried so that everything is performed hastily, and hence imperfectly and awkwardly; there is palpitation of the heart; face flushes at

every emotion; intense headache, characterized by pressure; the pain goes to the eye (usually the left), which feels as if pressed out, or to the root of the nose; or again it is confined to one small spot, as though a nail were being driven into that spot (*clavus hystericus*); it is often periodical, returning every two or three days, increases gradually in severity, and then suddenly abates. At the height of the paroxysms the patient becomes restless and chilly, and finally a profuse flow of colorless urine terminates the attack.

### *Bee Poison for Abortion and Sterility.*

A terrible new weapon for the homicidal abortionist, and a sure cure for sterility, has been found by a veterinary surgeon as reported by Dr. E. S. Estys in the *Medical Visitor*. It is an extract of the poison of the honey bee. This veterinarian alleges that "*apis mellifica*," as it is called, given to a mare to the quantity of 1 ounce, will not only produce abortion, but render her barren ever afterwards. When given for this purpose it is prescribed in 1-dram doses, once or twice a day, for two or three days. It causes a derangement of the entire system, followed by a menorrhagia. Upon dogs, also, it will produce abortion and barrenness. He claims that *apis* will destroy the ovaries by inflammation, and thus prevent conception and even desire (a quite sure result!). He says it is a dangerous remedy to use, as in one case he came near causing the death of a handsome poodle by the long-continued menorrhagia. After the poodle recovered it remained barren.

He also claims that this remedy would cure sterility if given in highly attenuated doses for a period of a month.

[Farrington in the second edition of his *Clinical Materia Medica* says regarding *apis*: "It must be given cautiously during pregnancy, because if given in low potency and in frequent doses it may bring about a miscarriage, especially before or at the third month, because *apis* produces a bearing down in the uterus."

Our old-school friends are continually discovering new (?) drugs which have been used successfully by homeopathic practitioners for years.]



**A STUDY OF *HYPERICUM PERFORATUM*.**

By J. R. P. LAMBERT, M. D. Edin.,

Ophthalmic Surgeon to the London Homeopathic Hospital.

THE drug, though familiar to all, is nevertheless one which has not in modern times received the attention which it undoubtedly deserves. I suppose most of us associate hypericum in our minds with the results of injuries affecting the nervous system, and it is in this sphere no doubt that it has of late years won most of its laurels, but we shall see this evening that its sphere of usefulness goes far beyond this limited application.

The use of hypericum perforatum as a medicinal agent dates back to the earliest days of medicine. Hippocrates esteemed it one of his chief remedies, Paracelsus valued it "more than all the compounds of apothecaries," and the many popular names by which it has been known, mentioned by Dr. Fernie in his "Herbal Simples," indicate that it has for centuries past been a valuable remedial agent. Its homeopathic history appears to date from the three provings of Dr. Mueller somewhere about the forties, to which must be added two provings by Dr. Schelling and two by Dr. Stokes. Two others, by Thorer and Bruckner, appear to have been rejected from the Cyclopædia. All these provings are some forty to sixty years old, and to them must be added Dr. Royal's eight provings published in the "Trans. of the American Institute" for 1895. These provings constitute our pathogenetic material. Dr. T. F. Allen has published an exhaustive study and schema of the earlier provings (1894), and Dr. Pope a study on the drug in the *Homeopathic Review* for 1892, and Dr. George Royal has appended to his provings a study of the same, comparing them with Dr. T. F. Allen's paper. These three studies, with all the clinical uses of the drug I have been able to find in some one hundred volumes of journals, etc., I have endeavored to condense.

First of all let us briefly survey its sphere of action, and then consider the various systems in more detail. The nervous system is most prominently affected, and here as Dr. Pope says the drug induces "a state of general hyperæ-

thesia," and in some cases a hysterical condition. It also deranges the digestive functions and has an important action on the rectum. It also affects the urinary and female genital organs, and produces a number of respiratory and some circulatory symptoms, and a great many symptoms affecting the back and limbs, most of which are no doubt of nervous origin. Lastly, it has a definite action also on the skin.

Now we must pass on to consider the systems under its influence in detail, and first I must mention a few mental symptoms. Loss of memory occurred in four provers, great sadness and desire to weep are mentioned five times. One prover records symptoms—makes mistakes in writing, omits letters; and another that she cannot arrange ideas or execute her intentions. Erotic ideas and dreams are mentioned several times.

One prover, an unmarried woman of twenty-three, of phlegmatic temperament and healthy, had the following attack in early morning on the third day of her proving. "She spoke in her sleep all kinds of incoherent stuff, looked distraught, stared at her brother; head hot, carotids beating violently, face very red and swollen, eyes fixed and pupils dilated . . . body burning hot and dry; great anxiety; all at once left off talking and sang, and soon after wept and screamed frightfully and gasped for breath; on giving her two magnetic passes she at once came to her senses. . . The whole attack lasted about an hour and was followed by violent headache; formication in the hands and feet, they felt furry; extreme thirst and white-furred tongue."

These symptoms are the more striking as they occur in a woman of phlegmatic temperament, as Dr. Pope points out, and together with symptoms in other provers (nearly all the female provers note mental depression or inclination to weep) suggest its trial in hysteria. Dr. Royal thinks it should rank with picric and phosphoric acid in such conditions as brain-fag or neurasthenia.

The head symptoms are numerous and important. We may mention first confusion and vertigo on waking. In one prover the vertigo was so severe that he nearly fell toward the right side. Various pains in the head are noted,

described as throbbing, tearing, pressing, or "great heaviness" or "pain as if hammered," also "as if compressed." These pains occur in all regions of the head, principally the vertex and occiput, and may extend down into the face. Three provers mention dull occipital headache decreased by bending the head back, and also in the open air. The head symptoms are aggravated by motion or in a close room. Of the various headaches throbbing on the vertex seems characteristic, and has been several times verified. I may record a case or two.

A girl of eleven for two years suffered from attacks like migraine. She had a severe fall downstairs, striking her head. Headaches followed, first at irregular intervals, but for eight months they had occurred every week, usually on Sundays, beginning before midday and lasting till sleep. Next day she would be free from pain, but tired and depressed. The pain was of a throbbing character and affected the vertex, and was accompanied by flushing of the face. *Hypericum* 3 was given every three hours for a month, and then twice daily. She had only one slight attack after commencing the drug, and was under observation three months (Dr. Townsend).

Two cases of headache from eye-strain are mentioned in the *N. A. J. H.* (1881, p. 367), cured by *hypericum*, where this symptom was the indication, viz., throbbing in the vertex, brain seems compressed.

A few peculiar head symptoms also call for mention. Thus we find "head feels longer," and in another prover "head feels suddenly longer." This symptom Dr. T. F. Allen has twice verified. He says: "I have twice met with it in patients, both of whom explained that the head felt elongated upward, one saying that 'it seemed to extend upward like a conical hat.' Both were cured by *hypericum*. The most marked case was a lady sixty years old, who complained of attacks of sudden deafness with vertigo (cannot stand up), followed by severe cramplike pain across the abdomen, and then vomiting, which relieved the pain, and after about an hour the hearing would return. The attack was followed by prostration, vertigo, staring eyes, and cold feet. A most constant

and distressing symptom between the attacks was a persistent 'drawing together' in the head, 'as if it were drawn up to a point or elongated.' In other respects she was well. Cured by *hypericum* 30" (*N. A. J. H.*, 1894, p. 333, note).

Another peculiar symptom is "feeling as if there were something alive in the head, or as if brain were being tickled." The symptom "brain feels loose on moving head" also occurs.

Before passing from this subject I must quote another remark by Dr. T. F. Allen, relating to the vertex symptoms, ten of which he puts in his schema. He says: "Nearly all these symptoms have been verified. This drug should always be thought of for pains involving the vertex, especially when they extend down into the sides of the head and even into the face" (*ibid.*).

Among eye symptoms we find one prover very much troubled with dimness of vision, and letters running together and disappearing. He also mentions congestion of sclerotic vessels. Pupils dilated and eyes staring occurred in one case.

One prover twice experienced a sensation as if there were water in his left ear, and as if the membrane were forced outward. Various pains in eyes and ears also occur.

In passing to face I must allude to two more rather peculiar symptoms. Firstly, a feeling of an icy-cold hand on the forehead; and secondly, "a sensation on the forehead as if skin were being drawn up"; a feeling of tension in the cheeks occurs more than once, and also "tension" in various other parts of the body, but not described as involving the skin. Among the face symptoms we find feeling of heat, also swelling and redness. Also facial neuralgia on either side, and toothache of pulling, tearing character (by eight provers).

In the *Brit. Jour. of Homoeopathy* a case of "tic" is mentioned, attributed to cutting a pimple in shaving. *Spigelia* relieved, but did not cure. *Hypericum* 15x and 2x cured speedily and permanently. Other facial symptoms of importance are jerking and twitching in cheeks and spasmodic contraction of the right eye, which suggests its use in facial if not in general chorea.

Passing to other nerve symptoms we find lancinating pains down the back and in both upper and lower limbs. Also numbness of arms and lower limbs, especially left, and tingling and formication and furry sensation in the feet. Any number of other pains occur in the limbs, which I must pass over now.

Before leaving the nervous system I must mention some clinical experience with the drug. There seems some evidence in its favor for tetanus. Dr. Lilienthal wrote that the symptomatology of hypericum covers the mental symptoms of tetanus. Then we have clinical testimony from several quarters. Dr. Heuser of Leipzig considers it specific for tetanus, having treated two cases successfully with the 1x, 2 drops every two hours; one case was due to a dog bite, and the other case to an injury to the hand by machinery. Dr. Majundar reports the cure of a case due to a jammed finger by hypericum 3, which diminished the pain in two hours, and the spasms quickly subsided. Thirdly, a writer in the *Pacific Coast Jour. of Homeopathy* says he cured a case of tetanus, in which there was pain from the sole of the foot up the leg to the spine, with hypericum, after nux vomica and ignatia and belladonna gave only temporary relief. (I have not found a full record of these cases, of which only one gives evidence of a correct diagnosis, but give them for what they are worth.)

The following case of fits cured by this drug is recorded by Dr. Allen, and is worthy of mention here: A man suffered from fits for seven years. A year before they began, while driving a nail, it flew up and injured his eye. Inflammation resulted, and was followed by cataract and anterior synechiæ (evidently a perforated wound of cornea and lens was produced). Within a year fits developed and became so frequent that they would occur once a week, and sometimes every two or three days, and he dared not ride in a wagon alone. He was two years under treatment, with no relief, but rather aggravation, and enucleation was suggested, but refused by the patient. He was then given hypericum 7 two or three times a day, and for three months (*i. e.*, up to the time of report) had no more fits.

I need not record cases of traumatic spinal

lesion where the drug has been successfully used, but remind you of Dr. Alexander's paper on this special action of hypericum, read before this society in December, 1896, in which he details two cases presenting the symptoms of well-marked spastic paraplegia practically cured by hypericum in the 1x and 6 tincture.

I should like to refer briefly to his second case, and add a criticism. This was a lad of eighteen, who developed, as a result of a blow on the head, symptoms of spastic paraplegia and nocturnal epilepsy, together with headache, severe and constant, in vertical and frontal regions, accompanied by giddiness in walking. The result of treatment by hypericum was that the paraplegic symptoms disappeared with the headaches and giddiness, but the fits did not completely stop—he had three in five months, apparently. Dr. Alexander remarks that the treatment in this case indicates the spinal cord rather than the brain as the sphere of action of hypericum. I think this conclusion unwarranted, for several reasons. The symptoms I have mentioned clearly indicate an action on the brain. Dr. Allen's case of epilepsy bears out the same opinion, and even in the case in point the symptoms were probably all of cerebral origin, the injury having nothing to do with the spine. Moreover, Dr. Osler, in his "Practice of Medicine," in a section on spastic paraplegia under "Brain Diseases," says: "This condition, which is more fully described under the section upon the spinal cord, is in reality a cerebral affection, and may be due to conditions similar to those found in spastic diplegia" (which is a recognized cerebral affection). Lastly, I do not think Dr. Alexander is warranted in his statement that in his case the drug had no control over the epileptiform manifestations, the time of observation being too short.

I would briefly mention a case of traumatic neuralgia affecting the upper arm, of six months' duration, which had been treated by fly-blisters without relief. The pain was such that during the whole time he had not slept well at night, the pain compelling him to walk about till it eased a little. Hypericum 30 gave a good night's sleep from the second night onward, and completely cured the case (Dr. Van der Luhe, *Homeopathic Envoy*).



Before leaving the nervous system I must quote a few suggestive remarks from a paper by Dr. E. P. Colby, read before the Hughes Medical Club, on the symptoms of this drug. He has found it beneficial in neuritis caused by cold or trauma and "allied varieties of neuritis." Also in neuralgia affecting a single nerve trunk and its distribution, especially the sciatic. It proved of great benefit in a case of moniliform neuroma, with consequent neuritis, rendering the whole hand useless and painful. In eight weeks the neuroma could hardly be found and the neuritis had perceptibly diminished (no other drug was used). He says it should also be thought of when in the distribution of a nerve there is tingling, burning pain, with numbness and glossy skin, especially if skin is smooth and mottled with occasional vesicles or bullæ; and he suggests its trial in herpes (*N. E. Med. Gazette*, 1893). It is a little surprising that no suggestion is made of its use in meningitis, or at least meningeal congestion and irritation, especially as so many of its symptoms closely resemble those of belladonna.

We must now leave the most important sphere of action of our drug and pass to the alimentary system. Among mouth symptoms we find grayish coating at base of tongue, with clean tip, also accumulation of saliva, which is very sticky, burning and dryness of the mouth (several times). Three provers mention sore throat—one left side, one right side (tonsil), one both tonsils. A feeling of something hot rising in the throat occurs several times. There are a great number of gastric and abdominal symptoms; nausea is prominent, but no vomiting. Sometimes prover wakes with nausea, which may be constant, and may be accompanied by faintness. A feeling of weight in the stomach, and of a lump in the stomach the size of a closed fist. There are also sharp, cutting pains in the stomach and under the left scapula, also between scapulæ. Eructations and flatulence are frequent symptoms. The abdominal symptoms correspond, being chiefly flatulent distention, with pinching or cutting pains, followed by soft stool in one case. Two of Dr. Royal's provers had an attack of cholera morbus during the proving, which they attributed to other causes, but Dr. Royal remarks that their symp-

toms bear too close a resemblance to those of some of the older provers to be a mere coincidence.

Among rectal symptoms we find urging very marked in some provers. A feeling of dryness in rectum is mentioned. Stools vary, sometimes hard and knotty, or loose and diarrheic, with tenesmus. One prover, who had usually no inclination to diarrhea, had a normal stool twice daily nearly the whole time of proving. If we now turn to the clinical use made of the symptoms of this system we find little, but that little is likely to prove very good. According to Dr. Roehrig, the only real specific for piles is hypericum, and even in cases where they are due to diseases of the liver or heart, it will be more effective than any other remedy. It may be used locally or internally. (Dr. Roehrig, moreover, adds that in cases of pneumonia the patient should always be asked if he has been suffering with bleeding piles, and if they have disappeared during the attack, in which case the prognosis is very bad. In such cases one should never fail to give hypericum.) Dr. Ussher, in a paper entitled "Notes by the Way," says, under the heading of "Hemorrhoids": "Far beyond the reach of many remedies I have found hypericum 1x in the relief of pain, bleeding, and tenderness. It gives a daily action. It seems to suit the plethoric with great soreness quite as well as hamamelis."

In this connection I may mention another characteristic symptom of the drug, viz., dull, pressing pain in the sacrum, which might help in selection of the drug in a case of piles. We come now to the urinary organs, and find urging to urinate, with chilly feeling through the whole body; also urging, with faintness and vertigo. Constant desire to urinate, total quantity of urine somewhat increased. Of Dr. Royal's provers, five examined the urine more or less carefully. Of these one only records albuminuria, but I question whether it can be attributed to the drug. The urine was only once examined before the proving began, and no albumen was found. It was begun on May 24, and up till July 5 the urine was examined ten times, and albumen was found on eight occasions. There was also a considerable increase in triple phosphates and a considerable

white sediment. On July 30 he began the medicine again, and continued it till August 13. In this period the first two urinalyses showed no albumen, and next two both showed albumen; from August 13 till October 5 urine was examined fourteen times, and albumen was found on each occasion but one; on October 20 he notes, no albumen for four days, and that he was feeling like himself again. Another peculiar point, if the albumen was pathogenetic, is, that while taking the medicine albumen was never described as more than "quite a quantity." Of the thirteen occasions after August 13, when the drug was discontinued, it was five times noted as "strongly albuminous," and three times considerable in amount. This prover, moreover, presents no other symptoms directly traceable to action on the urinary tract.

We also find lumbar pain of dull or bruised character mentioned several times; in one prover it was almost constant. Clinically, hypericum has been used successfully for enuresis in a boy of nine, with symptoms of pain in small of back, easily excoriated about genitals, urine offensive and quickly becomes thick, and, lastly, chill and shuddering at night before micturition, which was the indication for hypericum, which cured in a month.

I must here also refer to a case reported by Dr. Adams in the *Medical Advance* and extracted by the *Homeopathic Review*, 1892. Miss W., aged thirty-seven, mentally and physically a wreck, had constant bladder trouble, the desire being so frequent and uncontrollable that she could not go to any place of amusement. There was a bearing-down sensation and constant sense of discomfort and pain; and she described the urethra as "feeling hard like a rubber tube," and sore, sensitive, and tender. Hypericum 200 was given, and in less than a week the urinary trouble was greatly relieved, and in a month the rubber-like condition of urethra was nearly gone, as also the excessive sensitiveness, and she was better in health and could take an interest in life. The improvement continued. He mentions another case where, from ill-fitting pessaries, a similar condition was induced; and the urethra was described as feeling "hard, as if it would turn to

bone." This patient could only urinate when standing. The same prescription wrought a great change in a few days, so that she could urinate in the usual position, and found great relief from all her urinary symptoms. These symptoms are of course purely clinical, but none the less valuable for that.

Among the female genital organs a good many symptoms are found. At least five of the provers were women. We find, then, violent tearing in the genitals. Two had leucorrhœa lasting several days, in one case accompanied by severe frontal headache, which lasted four days. Sharp uterine pains also occurred at frequent intervals. The menses appeared two weeks late in one, too early in three cases, and were too profuse in two, and with sickening pain in the abdomen. Severe pain in the back three days before occurred in one case. One male prover recorded erotic ideas on several occasions with erections or dreams.

We must now go on to the circulatory system, where there is not much to note but a symptom of pressure in precordial region, and shooting in left side of chest, with feeling as if the heart would fall down. Palpitation, quick hard pulse (irregular once), are mentioned. One prover told Dr. Royal that the rapidity of the heart's action and dyspnœa were so marked for a few days after sending in her proving that she could hardly go upstairs. Burning on the chest, with anxiety and pressure, also occurs. Likewise tightness and dry, hacking cough. Expectoration with constant shuddering is worthy of note.

Dr. Ludlam has put on record a case of a woman, aged forty-five years, who for ten years had repeated and violent attacks of spasmodic asthma, always coincident with approach of stormy weather, and the severity and duration of the paroxysms were always inversely (I presume he means directly) proportionate to the duration and severity of the storm. After trying various medicines Dr. Ludlam ascertained a history of injury thirty years before to the upper dorsal region. On the supposition that this might have started some irritation which culminated in the attacks, he gave hypericum 2x, and she recovered entirely (*vide* Dr. Pope's paper, *Review*, 1892, and *Br. Jour. of Homeopathy*, vol. xvii. p. 523).

There is a symptom, of which much has been made, "aggravation in a fog," which is supposed to have led to a cure of bronchial catarrh of asthmatic type. I quite agree with Dr. Hughes that the symptom cannot be regarded as pathogenic, and as clinical I should regard it as of doubtful value. On Dr. Allen's own showing hypericum has cured asthma and other spasmodic affections where this symptom was not noted.

Among symptoms of the back we find the sacrum and lumbar region sites of special selection, the pains being chiefly dull, bruised, or passive. In the limbs we find lancinating pains along course of nerves, also tearing, smarting, pricking pains. Numbness is a common symptom. We also find transient flying pains and tearing pains. Various joints are affected—fingers, wrists, elbows, shoulders, and knees. In one case tension, pain, and swelling of a finger joint (left fifth finger) was developed.

It has some action also on the skin. We find a cluster of itching vesicles at root of left thumb, and in another prover a miliary eruption on dorsum of hands and between fingers, and in a third a smarting eruption like urticaria on both hands, "must scratch it nearly raw."

A few sleep symptoms occur, thus "frightful" and "distressful" dreams, after each of which he awakes. Jerking of right arm on falling asleep, and convulsive shocks preventing sleep are noted.

Lastly, we must speak of generalities and modalities, some of which are important. There is sensitiveness to cold, constant shivering relieved by cold water. The symptom shivering all over or chilly feeling occurs with various other symptoms, and is important. It is mentioned with headache, with urging to urinate (which has been verified), and as preceding pain in the epigastrium and right hypochondrium. Easily startled and frequent starting occur in two provers. A feeling of faintness and fatigue occurs a number of times. The pains are apt to come and go suddenly. Some important modalities are found in Dr. Royal's provings. Thus we have amelioration by bending head backward in at least three different provers, and also amelioration in open air and aggravation in

close room, and from motion also, is found. These, together with various symptoms which we have named, ally the drug to belladonna, bryonia, pulsatilla, and other drugs.

Besides the various diseases already mentioned, hypericum should be useful in rheumatism of neuralgic type, with sharp flying pains, shifting about and affecting any joints or other tissues.

Excessive sensitiveness is a valuable indication in various conditions, for example: Dr. A. R. Mitchell reported a case of chancroids so sensitive that even the application of water gave intense pain. Calendula and vaseline could not be borne, but hypericum locally relieved at once. It is equally useful, he says, in old ulcers or sores in the mouth where excessive sensitiveness is present. Finally, gentlemen, my paper would not be complete without a further reference to its use as a vulnerary which must not be limited to nerve injuries in the ordinary sense. Thus Dr. Franklin, one of the surgeons in the northern army of the States in the Civil War some thirty years ago, found it of the greatest value. In his opinion it stands in the same relation to lacerated wounds that arnica does to contusions; and even this can be amplified for we find it specially recommended for a jammed finger or crushed toe and the results of such a lesion. Thus, the case is recorded of a woman who had her toe badly crushed and the nail torn off, after which she suffered great misery at night by pain for three years. The nail did not grow, and she was incapacitated from walking most of the time, and could not wear a shoe at all. After hypericum was given the great sensitiveness disappeared, the nail began to grow, she had not another sleepless night, and could wear a shoe with comfort (*Hahn. Advocate*). Dr. Franklin further says, "It is of great value in the treatment of open, painful wounds attended with great prostration from loss of blood" (quoted with further symptoms by Dr. Pope). It is also highly recommended by Dr. Gilchrist and Dr. Helmuth as a preventive of pain after surgical operations. Dr. Gilchrist asserts positively that its use internally and locally (1-20) precludes any after-suffering, after testing it in sixty-four major and minor operations.



## SOME CONTRASTS.

By W. IRVING THAYER, M. D., Williamsburgh, Mass.

ABOUT our first dissection as a student was an autopsy that we were required to make, to open the abdominal region to remove the bone from the pubic arch for some three inches on either side of the symphysis, so that an easy examination could be made of that heart-shaped gland below the neck of the bladder and behind the bulb of the urethra.

The patient had not died so much from cystitis as from a general inflammation set up from a puncture of the prostate gland in an attempt to remove the urine by the use of the catheter. The suffering of that patient cannot be well described.

Could the full truth be known of those who are confined in the City of Mistakes, with here and there a white stone claiming that "He is with the angels now"; stamped upon another stone—could one read between the lines—there might be discovered that "This loved one died from uterine hemorrhage primarily induced by placenta prævia." The anxious accoucheur was completely unsettled by the terrible hemorrhage, so that he forgot to elevate the mattress so as to throw the pelvis up some fifteen or more inches above the head to ward off syncope and allow gravitation to assist the tampon and other adjuncts to restrain the flow.

At another spot is found the effect of a post-partum hemorrhage as a result of too early, too long over-stimulation, which might have resulted differently if less ergotine spurring had been employed, which finally so enfeebled the uterine muscular tissues that they could not contract upon the open vessels, and where no counter gravitation had been employed until such a time that the weary tissues could close upon themselves to check the flow. If the more effective, safer caulophyllum or gelsemium expeditious had been used, which are *gently continuous*, after the gravid uterus had been relieved of its burdens, the post-partum contraction would have been *kindly abiding* from the strengthened muscular walls, so that no enfeeblement or worn-out, relaxed atonic condition could have supervened.

Thus if such snap diagnoses, judgments,

errors of manipulation, inert remedies, and wrong estimations made with nerveless discernment, had not taken place in thousands of cases, one in this direction, then in that, many who help populate the City of Mistakes would now be among the praying and the living. No man is perfect. There is a weighty responsibility resting upon him who essays to act as a physician, to sit in judgment in a jury box or upon the actions of his fellows—indeed, to live and "act well his part."

The drugs that are offered to the physician who deals at the common drug-store are not calculated to do the best for one's patient. It is just here that results disappoint the prescriber and help to add to the City of Mistakes.

Tinctures made from the dried plant are seldom better than an extract made from desiccated maple chips or indissoluble untritured chalcedony. They cannot produce any pathogenetic symptoms, and hence have no curative action. A drug-house that will place upon the market tinctures such as are too often found in allopathic drug-shops is guilty of practicing a most cruel fraud upon the profession.

The City of Mistakes are more or less populated from the action of just such ignorant or don't-care drug-extractors, who can palm off their inert fluids upon a school that give no attention to drug pathogenesis—indeed, never so much as seeming to be anxious to discover whether there are active principles capable of producing primary and secondary symptoms.

Here comes in a distressing personal experience which is not presented to boom any manufacturer, but simply to relate facts.

The writer was attacked by an enormously hypertrophied prostate gland that prevented the flow of urine without the *utmost straining*. His student and other experience argued against the use of the catheter, so that relief was sought for through drug-action. No catheter reduces hypertrophy; but they are a fruitful source of cystitis. Case had not gone on to bladder inflammation, nor was there much tenderness in vicinity of the gland. Being a long way from a homeopathic pharmacy, application was made to the common drug-shop for sabal serrulata. The tincture we found was made by

a large Philadelphia manufacturing drug-house. Ten drops of the fluid extract was placed in a half-tumbler of water; two teaspoonfuls at a dose was taken every two hours. A week's trial clearly showed the inertness of the "stuff," to be precise. Remembering an article colated by J. W. Allen, M. D., New York, found in the AMERICAN HOMEOPATHIST of February 15, 1900, in which we learned that Parke, Davis & Co., manufacturing chemists of Detroit, Mich., made a fluid extract of *sabal serrulata* (part employed: the fresh ripe fruit—berries; just what our homeopathic pharmacies would furnish), we sent direct to Parke, Davis & Co., who promptly sent two ounces by mail.

This preparation was taken as before mentioned. In three days great improvement in reducing the hypertrophy of a sixty-five-year-old gland. In ten days the flow of urine was as easy, as free as in youth, normal. As has been intimated, our early experience in 1869, in the use of catheters in cases of enlargement of the prostate gland has never been forgotten, and I was unwilling to use such an instrument upon my patient. Saw-palmetto, if prepared from the "fresh ripe fruit—berries," is a prime remedy for enlargement of the prostate gland, and inferentially, it is believed, cystitis.

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### MATERIA MEDICA QUESTIONS.

By E. FORNIAS, M. D., Philadelphia.

Give the typhoid fever of *hyoscyamus*.

Tongue red, dry, brown, cracked, and paralyzed. Sordes on teeth and gums. Urine leaves streaks of red sand on the sheet. Drowsy. Spincters relaxed. Stool and urine involuntary. Patient recognizes no one; sits up in bed suddenly, looks up and down the room, and lies down again. He gives no answers to questions.

Give the chest symptoms of *kali carb*.

Capillary bronchitis. Sharp, stitching pains in chest and over body. Stitches through lower part of right lung. Dyspnoea very intense. Choking cough. Mucus raised with difficulty. Child can't sleep or drink, worse after three in the morning. (Compare with *bryonia*.)

Give the cough of *hyoscyamus*.

Nervous cough, worse on lying down and better on sitting up. Dry, hacking cough caused by elongation of uvula.

Give senile changes of *baryta carb*.

Physical and mental weakness. Childishness, with dullness of mind and trembling of limbs. Forgets recent events; in the middle of the speech the most familiar words fail him. Solicitous about the future, irresolute, desponding, pusillanimous. Grief over trifles (*coni.*). Prostration, cannot stand, the knees give way. Weary, with inclination to lie down. Senile dementia in the obese.

Give the mental state and menses of *graphites*.

Females of rather sad condition, and tearful (*puls.*), anxious, apprehensive; a restless desire to change about. Constipation; stools covered with mucus and containing shreds of mucus. Menses scanty, late, pale in color; constipated; women, fat (pale), always cold. Sad, fat, cold, and constipated.

Give the skin symptoms of *graphites*.

Herpes, eczema; blisters and vesicles, break and leave scabs, and from them flows a sticky discharge. *Graphites* will remove cicatrices, as in mammary glands after abscesses.

Give the gastric symptoms of *nux vomica*.

High living, rich food, wines, liquors, debauchery; worse in the morning; on awaking he feels heavy and unrested. Constipation, with frequent but ineffectual urging. Diarrhea, frequent and scanty, and urging from purgatives, etc. Congested liver of high-livers and drunkards, with hemorrhoids, worse after every spree.

Give the typhoid fever of *gelsemium*.

At the beginning, when the patient has a fear that unless he is continually on the move his heart will stop beating. Pulse full but flows easily; face red, suffused. Drowsy, wants to lie quiet; body sore. Giddiness. Confusion of head, heavy eyelids.

Give the quinsy of *mercurius sol*.

When pus has formed only, it hastens maturation. Tonsils dark, red, studded

with ulcers. With stinging pains, worse from empty swallowing, at night and in cold air.

Give the gastric symptoms of kali carb.

Morning lateral headache with nausea. Before meal weak and empty feeling in epigastrium, after meals bloated, especially after soups or coffee.

Give the cholera infantum of kali brom.

It causes an inflammation of the bowels associated with cerebral irritation; coldness of extremities, cold sweat, and collapse. Lowers temperature. Stools watery or green; child awakens screaming, unconscious, recognizing no one; followed by squinting.

Give the mental symptoms of kali brom.

Mental excitement amounting to delirium. Night horrors of children, or during pregnancy. Child awakes screaming, unconscious, recognizes no one. Delusions. Thinks he is pursued or will be poisoned. Imagine they are not themselves, or she thinks herself a devil. Cannot sleep. Fears to be alone.

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### THE MIX-UP IN KENTUCKY.

DURING our absence from home some correspondence took place between the Southwestern Homeopathic Medical College and the State Examination Board of Pennsylvania. We have seen the letter from the Examining Board in several of our contemporaries, but have not so far seen any publication of the College in answer thereto. Hence, we took upon ourselves to examine a little more carefully into the status of matters, and having received the College answer, and not having published the State Examining Board letter, we now present both in the order in which they have been received, and ask the profession to read the statements of both parties. The Southwestern College is a worthy institution, and should not be made to suffer at the hands of the Examining Board—for such is the clear intent of the letter which that Board has seen proper to circulate with the widest notoriety. We are personally acquainted

with a number of the professors in the "Southwestern," and we know and believe them to be upright, honorable men with the best interests of homeopathy always in view. Here are the letters:

#### A STATEMENT FROM THE BOARD OF MEDICAL EXAMINERS REPRESENTING THE HOMEOPATHIC MEDICAL SOCIETY OF PENNSYLVANIA TO THE HOMEOPATHIC MEDICAL PROFESSION.

The Announcement of the Southwestern Homeopathic Medical College, Louisville, Ky., for 1900-1901 contains on page 10 the following sentence: "As an evidence of the thorough work done in our college, referring to State Board examinations, we are proud of the fact that one of our graduates, in a State Board examination in Pennsylvania, last year, passed with the highest average, in a class of 116 applicants, nearly one-half of whom were rejected."

The above statement is so utterly at variance with the truth that the Board of Medical Examiners representing the Homeopathic Medical Society of Pennsylvania, who conducted said examination, feels it a duty to state the exact facts of the case in *as public a manner as the announcement has been made.*

The examination referred to was held in December, 1898.

Instead of "116 applicants" there were only 21 applicants! Instead of "nearly one-half the number being rejected" there were only 2 rejected—both of whom had failed before, at previous examinations. (One applicant withdrew on the first day; but he appeared at a subsequent examination and passed with credit.)

The graduate of the Southwestern Homeopathic Medical College, who "passed with the highest average" received only 93.57—a by no means unusually high mark when compared with the averages obtained by graduates from other homeopathic medical colleges. In confirmation of this, a list is herewith presented of the highest averages attained since June, 1894, when the law of State medical examination in Pennsylvania went into effect:

Examination Held.	Highest Average.	College of Graduation.
Dec., 1895	99.70	Hahnemann College, Phila.
June, 1896	98.71	" " "
June, 1895	98.60	" " "
June, 1897	97.23	Southern Hom. Med. College.
Feb., 1895	96.80	Hahnemann College, Phila.
Dec., 1896	96.57	Cleveland Medical College.
Dec., 1899	96.00	Hahnemann College, Phila.
June, 1898	95.43	" " "
Dec., 1898	93.57	Southwestern Hom. Med. College.
June, 1894	92.80	Hahnemann College, Phila.
June, 1894	92.80	" " "
Oct., 1894	91.40	" " "
June, 1899	91.28	" " "
Dec., 1897	87.00	Hering, Chicago.



At a special meeting of the Homeopathic Medical Examining Board of Pennsylvania held in Philadelphia June 28, 1900, it was unanimously voted that, in order to correct all possible misapprehension on the part of the medical profession, and in the interest of justice to all colleges, as well as for the maintenance of the honor and credit of the medical profession, a copy of the above statement be sent immediately to the Southwestern Homeopathic Medical College and to every homeopathic medical journal in the United States.

This Board cannot allow the imputation that graduates from homeopathic medical colleges receive such poor educational training that fifty per cent. are liable to be rejected in any State medical examination.

By order, and in behalf of the Board of Medical Examiners representing the Homeopathic Medical Society of the State of Pennsylvania.

JOSEPH C. GUERNSEY, M. D., *Secretary*.  
1923 Chestnut Street,  
Philadelphia, Pa.

September 8, 1900.

#### HOMEOPATHIC MEDICAL EXAMINING BOARD OF PENNSYLVANIA.

*Dear Sirs:* The action of the Homeopathic Medical Examining Board of Pennsylvania, concerning a statement contained in the eighth Announcement of the Southwestern Homeopathic Medical College was received some time ago.

Since you had already sent it broadcast, the opinion of the faculty at the time was to treat it with silence, even though it was far more "at variance with the truth" than anything the college has printed.

But upon receipt of a letter addressed to a prospective student of the "Southwestern," an extract from which we inclose, we feel compelled to defend ourselves, and call your attention to several misstatements in your communication, as is shown by the 1899 published report of the Medical Council of the State of Pennsylvania.

"The exact facts of the case" appear in the above-mentioned report, and show that in December, 1898, there appeared for examination 21 homeopathic and 103 non-homeopathic applicants, making a class of 124, of whom 36 failed, a little less than one-third, instead of nearly one-half, as our catalogue stated.

We admit this error, but disclaim any maliciousness or intention to deceive; and had you in a gentlemanly and kindly manner called our attention to it we would gladly have had the error corrected in all journals as well as in the catalogues still in our possession.

We did not claim that our graduate passed a

higher per cent. than anyone before or since, but that he passed the highest in his class of 124, and this the official report shows.

As to comparison with work done by other colleges, nothing was mentioned or even intimated in our Announcement; and instead of our statement exciting envy, it should have brought rejoicing to the heart of every practitioner of homeopathy in seeing its colors flying from the highest pinnacle.

A further statement in your article is: "This Board cannot allow the imputation that graduates of homeopathic medical colleges receive such poor educational training that fifty per cent. are liable to be rejected in any State medical examination." Our Announcement makes no such imputation, nor does it mention that any homeopathic applicant was rejected. However, the 1899 official report of the Medical Council of Pennsylvania does show that in the June, 1898, examination, of the 58 homeopathic applicants, 23 failed, and in the December, 1895, examination, of the 14 homeopathic applicants, 8 failed.

Does it not appear that you do have to reject nearly and even more than fifty per cent. sometimes?

Now then, in all fairness and candor, and in view of the harm that is likely to come to the Southwestern Homeopathic Medical College from your misconstruction of our plain statement of facts (barring the one error of "nearly one-half" instead of nearly one-third), don't you agree with us that it would be quite gentlemanly, perfectly ethical, and eminently fair for you to modify your published statement, and give it the same generous publicity, that no further injury may come to the "Southwestern" through what we trust was an unintentional error on your part.

Respectfully yours,

J. E. MANN, M. D., *Registrar*.

EXTRACT OF A LETTER WRITTEN ON A LETTER-HEAD OF A NORTHERN HOMEOPATHIC MEDICAL COLLEGE, AND SIGNED BY AN ASSOCIATE PROFESSOR OF SAME.

"I am in some ways sorry to disillusionize you in respect to the Louisville college; but if you will read the inclosed clipping, which is a copy of a notice published in all the homeopathic journals, perhaps you will be more than ever convinced that 'all's not gold that glitters.'

"It is not right for one college to belittle another to gain students, but this claim is such a malicious 'fake' that the State Board of Pennsylvania wished the college shown in its true colors."

## Globules.

Dr. C. S. Estep of Lexington, Ill., in order to make an educational trip to Europe, to farther perfect himself in his specialty, offers for sale his splendid practice at Lexington.

The Cleveland Homeopathic Medical College, from reports in the daily press, opened its annual session with a larger percentage of matriculants than last year, and everything gives promise of a smooth and frictionless onward march.

If you are traveling anywhere in the vicinity of the Santa Fé system of railway do not fail to throw your vote in favor of this line or system of lines. You will find this road excellently equipped, its tariff reasonable, and its speed equal to any Atlantic seaboard line with a generation of experience back of it.

Dr. A. K. Crawford, formerly of Chicago, has so far recovered from the illness which necessitated his expatriation to California that he has now taken permanent offices at 406 Sutter Street, San Francisco, where his many former friends will find him the same genial, attentive, and well-equipped physician as of yore.

The Dominion Line of steamships, plying between Montreal and Liverpool, is building several very large and fine steamers. The *New England*, running between Liverpool and Boston, is a handsome craft, large and elegant. The *Vancouver*, on which our party crossed the ocean, over and back, while a small steamer and old, is a safe and trustworthy and easy-riding steamer.

The *Medical Mirror* of St. Louis is offering cash prizes amounting to \$1000 for theses on Tuberculosis. The awards will be made at the beginning of next year. This is a very certain way to get good papers on any topic; but how many journals are in such financial condition as to warrant the expenditure? We congratulate Brother Love on his enterprise, and wish him such additions to his subscription list as shall make him whole financially and otherwise.

The *Pacific Coast Journal of Homeopathy* has taken its head editor, Dr. Hugo Arndt, with

it to San Francisco. We congratulate both the San Francisco profession, for its acquisition of so excellent a man, physician and writer as Dr. Arndt, and Dr. Arndt for having cast his lot in a big city, in the midst of a lot of big city doctors. We believe both parties will be satisfied.

Dr. Harriet B. Chapman, eye and ear, has removed to 810-12 The Rose Building, corner Erie and Prospect Streets, Cleveland, O.

The opening of the Rose Building in Cleveland, on one of the most attractive corners of that city, has caused a perfect exodus of physicians from other buildings. As the *Cleveland Homeopathic Reporter* shows, there are twelve homeopathic physicians and specialists now in this skyscraper, and others are going there. Of the latter we note the name of Dr. W. H. Phillips, eye, ear, nose, and throat, who has taken Room 630. May they all make a successful living.

The 1900 programme of the Homeopathic Medical Society of the State of Colorado, to be held at the Brown-Palace Hotel, Denver, October 4 and 5, lies before us. Dr. C. W. Enos, the homeopathic materia-medica man of the West, is president, which seems to presage a good old-fashioned meeting. Running through the bureaus we find the names of D. A. Strickler, W. A. Burr, B. A. Wheeler, Genevieve Tucker, J. Wylie Anderson, J. M. Walker, S. S. Smythe, Edwin Jay Clarke, C. E. Tennant, S. S. Kehr, and many other as well known homeopaths—therapeutic and surgical specialists. There is every promise of a fine meeting.

The Rev. Dr. D. Z. Sheffield, President of the North China College and Mission at Tungchau near Peking, was in America when the Boxer riots began, but immediately prepared to return to his post. Before sailing from San Francisco, late in June, he learned of the burning of his college. Dr. Sheffield left behind him the manuscript of an article which will appear in the September *Century* under the title of "The Influence of the Western World on China." As a result of the author's thirty years' experience as a missionary, he is said to argue strongly against the dismemberment of the Middle Kingdom. Equally timely will be

a paper by R. Van Bergen in the same number, on "The Revolution in China and Its Causes." The fiction of the September magazine will include a characteristic story of about 20,000 words by John Luther Long—"The Prince of Illusion."

It gives us much pleasure to call attention to Dr. C. Spencer Kinney's sanitarium, called the Easton Sanitarium, located at Easton, Pa. Dr. Selden H. Talcott is consulting physician. Dr. Kinney is well known for his successes in this line of work, and we have pride in recommending him to all those in our ranks needing this form of sanitarium.

We learn that Dr. Wilson A. Smith, Recording Secretary of the American Institute of Homeopathy, has been elected to a professorship of materia medica in the Chicago Homeopathic College. Dr. Smith is an ambitious, hard-working, all-around good homeopath, and the Chicago Homeopathic has made no mistake in putting this worker into its ranks.

Dr. W. Jefferson Guernsey says that he has been experimenting with his Perfection Liquid Food, and has now perfected the "Perfection" until it has at length reached his own conception of perfection. He has changed the name to "Stronger Perfection Liquid Food," and the sale has been put in the hands of that staunch and reliable homeopathic firm, Boericke & Tafel of Philadelphia.

The Homeopathic Medical Society of Chicago appears upon our table with its new programme for 1900-1901. Its officers are the usual standbys in homeopathy, Drs. Kippax, Bailey, Wilson, Smith, and Fruit. The meetings are to be held once a month in Room L of the Great Northern Hotel. The selection papers, their authors, and the disputants, as presented in this programme, shadow forth a rich harvest for all who will take the time to attend these meetings and profit by the excellencies of the feast.

The next annual meeting of the Southern Homeopathic Medical Association will be held at Knoxville, Tenn., October 16-18, and at the Imperial Hotel. Dr. J. B. Gregg Custis has charge of Materia Medica; Dr. C. E. Fisher of Surgery; Dr. W. D. Foster of Gynecology; Dr. Orpha Bruce of Pedology; and Dr. Stout

of Institutes of Medicine. The remainder of the programme will be in equally good hands. Shut up your office for a few days and visit this association.

**Always** disinfect your mustache before kissing your—wife. At the lefthand side of the bar you will find coffee and cloves for this purpose.

A novelty in the calling-card line is one issued by Father H. M. Paine, now of Atlanta, Ga. His own name and residence are given as usual, but on the reverse side it reads: "Sons of Dr. H. M. Paine," followed by the names, residences, and specialties of Drs. N. Emmons, Howard S., and Clarence U. Paine. "These be my jewels!" And right proud Father Paine may be of his sons, for they are all well known, highly honored, and successful.

Dr. M. G. Price says: "Who of us has not been besieged by weary mothers for something for her crying infant that is suffering with three-months' colic? Hyoscyamine is the drug."

"A race of men is growing up who know nothing about drugs or their actions, and who are often incapable of prescribing the simplest mixture." They are sometimes called "surgeons."

If fate has denied to any woman a home, a husband, and a baby, let her take up art, or medicine, or blacksmithing, as she chooses, and try sincerely to make the best out of her life that she can. But to claim that these are nobler occupations than her own craft, the high calling of wifehood and motherhood, is the most shallow and dangerous of cant.

Plaster-of-Paris bandages are very easily removed by the following simple method: Soak some cotton wool in peroxide of hydrogen, then moisten the splint down its full length with this, for about half an inch wide. When it is thoroughly soaked the plaster will be found in the same condition as when first put on, and the bandages have only to be cut with a pair of scissors, without any injury to the patient or any trouble whatever.

#### The American Homeopathist.

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A. L. CHATTERTON & CO., Publishers.



# The American Homeopathist.

OCTOBER 15, 1900.

FRANK KRAFT, M. D., CLEVELAND, OHIO, EDITOR.

## OUR PORTRAITS.



CHARLES A. MITCHELL, M. D.,  
New York.

## AS TO NIAGARA FALLS.

THE editorial entitled "Niagara Falls Next Year?" appearing in our September 15 issue, was written on the Atlantic Ocean on our way to Liverpool about July 10, and was mailed to our publisher from Liverpool July 17. We mention this little detail in order to clear our skirts of having written an opposition editorial to one which has appeared, so we are now informed—for we are not honored with the exchange—in a July journal, whose editor seems to have pre-empted the rights and duties of the Executive Committee of the American Institute of Homeopathy, in that he has dared that Executive Committee to change the order for going to Niagara Falls; and has, of his own motion, engaged the International Hotel as our

meal *dépot*, and the opera house as our hall for declamatory and pharmaceutical exhibits and exercises. Indeed, our thought on the inadequacy of Niagara Falls as a point for taking the American Institute next year was discussed by ourself with a number of members while we were still in Washington.

We wrote as we did in the full conviction that Niagara Falls was not, and is not, the fittest place for tenting the masses of the American Institute next year. Even the most friendly adviser of this place cannot fail to see that if Buffalo, with its, practically, one hotel (of any dimensions), is unable to accommodate the hoped-for throngs attendant upon the Pan-American Exposition, then Niagara Falls will unquestionably be pressed into service as an overflow point or port. So it stands to reason that the Niagara hotels—and, pray, how many of them are there?—will be as crowded as any hostelry in Buffalo by reason of the Exposition crowds, long before the Institute goes on its annual junketing tour—unless, as may in all reasonable probability be the fact, the journal already referred to will still further relieve the Executive Committee of its other responsibilities and change the date of the Institute meeting. We live in a wonderful age, 'deed, an' we do! It is, further, most reasonable to assume, following our line of argument, that instead of receiving concessions from hotels and railways, by reason of our expected numbers, we will be happy to take any old thing in the way of a room, eat what may be set before us, and drink ditto—fly and all. It requires no blue print to make this clear to him who runs, as well as to him who has been at Niagara Falls before. It is the accepted order of things—to sell at an advanced price, when the market is in that quarter of the zodiac. We have but now returned from an exasperating trip to the Paris Exposition, with its fleecings and flayings, and the which followed us all the way down the Rhine, even into Lunnon-town, and we know, and so do the individual members of our late party, that the last place to visit, in the hope of quiet and comfort and ordinary—not extraordinary—

but, just ordinary comforts, and ice-water—an exposition city is of the farthestmost remove.

In order to make the matter plain, and remove what might seem a personal tang to the matter, we will say that two years ago the Imperial Council of the Mystic Shrine met in annual conclave in Buffalo. The particular Temple with which we are in affiliation was sent to Niagara Falls because the hotels in Buffalo, firstly, would make no concessions; and, secondly, because there was no room for us even at full fare. We can make this o'er-true tale short by saying that we spent three hours on the first morning in getting something to eat; that, instead of single rooms, or even single beds, as we were told our contract called for, we took rooms with three and four beds, and, in many instances, were compelled to sleep two in a bed. The railway facilities to Buffalo, at that time, were most primitive. It took us an hour to go and another hour to return. Adding this to the time spent waiting for something to eat, our days were lost and any enjoyment we had hoped for went a-glimmering—unless it was summed up in our hourly recitations of nouns with profane adjectives. Now, while there was a crowd in Buffalo at that time, it was nothing to what may reasonably be looked for during all the time of the Pan-American.

We have no quarrel with Niagara Falls or its courteous physicians: there are times when this waterfall-resort would be most eminently proper and suitable. But it is not so, or will not be so, next June or July. Every man or woman coming to Buffalo next year, in attendance upon the Pan-American, will be tempted by the overcrowded, cheapened excursions to visit the Falls, so that eating will be at a premium for them and ourselves.

There is nothing at Niagara Falls to tempt an Institute member this coming summer. Not one thing. No one has claimed that there is—except the Pan-American Exposition. There is no society of homeopathic physicians, resident or adjacent, to be benefited by the dropping of our "dough" into the coffers of any one large hotel, and hieing us away to the Pan-American exposition at Buffalo to see the show. Not one valid reason can be given for dragging the sedate and homeopathy-seeking American Institute into this out-of-the-way place, which has a reputation not of the most savory for dealing with the stranger within its gates. It will be a hotbed of unrest; it will be a *dépot* for constantly receiving and discharging dusty travelers, who will spend a few hours in noting the wonderful natural beauties for the first time, and then back again to Buffalo, to make way for other hordes of begrimed tourists to repeat the wondering act. Meanwhile our body of

physicians would have its hands full trying to keep open house! Isn't this true?

Nor have we any quarrel with our good brethren of Buffalo. We admire them all, personally and collectively. We sincerely hope and believe that the Pan-American will be a grand success, and we shall do all in our power to have the homeopathic membership visit there: but not as an annex to Niagara Falls; nor as a palpable feeder for the Buffalo Exposition. The American Institute of Homeopathy has not yet fallen to the depth of being a mere supply for a neighboring circus. Many crimes and misdemeanors have been laid at its door, but not this.

We trust the Executive Committee of the American Institute will carefully consider the whys and wherefores of this next meeting-place. Nay, we know they will do so, without fear or favor. They are built that way. There isn't a jelly-fish backbone among them. To take the Institute to Niagara Falls, and there receive the treatment inevitably attending an exposition time and an exposition public, will draw upon their devoted heads more obloquy than a half-century of good deeds can erase. They will not forget that the American Institute is not in the most popular condition at the present time. There is a good deal of grumbling along the line. Many charges have been made, among others wholly professional, this that we are rapidly tending toward the namby-pamby existence of a mere social club. There is much work ahead for the future Dakes and Talbots and Mitchells to keep us in line, and have in constant view that chief purpose for which we were formed. The comfort and convenience of the Institute *MUST* be the first intention of every one of its officers; and added to that must be the pregnant fact of labors which may not be interrupted by gala occasions in the same village, or in the adjacent township, section, and range. If pleasure and business may be so blended at Niagara Falls that neither shall interfere with the other, then let it be Niagara Falls.

We doubt not that of the present Executive Committee some were present at the last meeting of the Institute at Niagara Falls, when there was nothing unusual going on in that village, and no counter attraction at Buffalo to detract from or decimate the Institute work. Do these older members remember what kind of meeting we had? Do they recall that it was at Niagara Falls the Institute banquet was killed so awfully dead that it has never since shown its head? Do they remember why?

In our former editorial we recommended Saratoga. This was possibly ill-advised. We were writing on the ocean, without map or cir-

cular to guide us. We referred to Saratoga because it is in New York, in the very center of homeopathy's most powerful members; because it is a most lovable place, being a springs and watering-place—since water *must* enter into the make-up this coming year for an Institute meeting-place; because it is filled with excellent, first-class hotels, many boarding places, cottages, and the like—to accommodate the young man from the ranks whom the Institute needs and must have—who is not yet an adept in technique and has not been chairman of a half-dozen bureaus in as many years. But any other point in New York will doubtlessly suit the membership, where quiet may be looked for and received; where our deliberations will meet the newspaper press—as they cannot at Niagara Falls or Buffalo during the crowded condition of the press; and where there will be a central point for gathering the clans. And yet, as we said formerly, we have no intention of fighting the Executive Committee of the American Institute of Homeopathy. If in their wisdom they deem it best to billet us at Niagara Falls, we shall cheerfully concur; and we promise most faithfully not to assume dictatorial powers and strip them of the last remnant of their *toga virile*—the few remaining privileges and prerogatives—and adjust the diurnal revolutions of earth and solar system to accord with *our* conception of the eternal fitness of things.

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## Materia Medica Miscellany.

Conducted by J. WILFORD ALLEN, M. D., 110 West 12th Street, New York.

References in this department are made by number. See issue of January 1 or December 15 of each year.

### *Chelidonium and the Respiratory System.*

Neatby<sup>35</sup> says the action of chelidonium on the respiratory system is of great interest on account of the well-known relation of the drug to pneumonia—a relation fully explained by the pathogenesis of the drug.

Pains in the chest are of not infrequent occurrence in the provings. We find deep-seated pain in the whole of the right chest and shoulder, without cough, but with embarrassed respiration; very violent, compressive pain, deep in the chest, toward the vertebræ; painful tension all round base of thorax on deep inspiration; violent pain in the sternum at each inspiration;

stitches in the chest (right side), compelling short breathing; has to draw her breath slowly and cautiously on account of pain; shooting, jerking pains somewhat to the right, from the lower part of the sternum right through to the back, aggravated by movement and inspiration; violent pain on the right side in the region of the seventh and eighth ribs, worse by movement and inspiration, these ribs being painful to touch the following day on both sides, though the right was the worse; pain in right shoulder blade worse on inspiration and on moving right arm; violent stitches on lower part of the thorax, on right side, on inspiring, worse by movement and coughing; drawing pains from the lower side of the sternum on the right as far as the spine; pain like a wound in lower part of thorax on the right, so that mere contact of clothes increases it; pain behind sternum, especially perceptible on holding in breath; pressure and restriction from the right shoulder blade spreading through the chest toward the sternum; fixed pain, as if raw, in the left lung (which had been inflamed four months previously), worse on deep inspiration; coughing or sneezing; tensive pain in the sides of the chest.

The cough varies. We find frequent dry cough; tickling in larynx, and short, dry cough; severe fit of coughing without expectoration; violent and slightly spasmodic cough; expectoration of mucus; hawking up lumps of phlegm; irritation of larynx causing cough, became so bad in the evening as to produce lachrymation; coughing, with painful contraction of the abdomen; hoarseness, with dry cough, which at times brought up lumps of mucus.

Dyspnœa and oppression of the chest are very conspicuous among the effects of chelidonium. We find embarrassed respiration, especially while reading; a "sudden fit of asthma" during urination—can only breathe quickly and with exertion, as if he must choke with anguish; dyspnœa, with longing for fresh air in order to breathe more easily; on waking, pressure on chest and constriction—he cannot draw in enough breath at each inspiration, and therefore soon expels the air to inspire more, but a few very deep inspirations relieve this distress; loud-toned, rapid, whistling respiration during sleep; tightness of chest, as if compressed by a cuirass;



workless pain at every breath all round lower angles of shoulder-blades: obliged to sit upright and cannot move, because it makes the pain in the chest intolerable: dyspnea from a sensation as if the trachea were swollen: oppression and dyspnea, as if breast were tied together and she could not breathe.

One patient experienced a sense of determination of blood toward the chest.

### *Phosphorus.*

According to Treatment, an old-school medical journal, we should be none the poorer if phosphorus were to be banished from our pharmacopoeias. It has disappointed everybody who has tried it, and it is too dangerous a drug to be put into the hands of lay persons in poisonous quantities, as one is obliged to do in out-patient practice, where it is usual to dispense a week's or a fortnight's supply. If phosphorus is to be prescribed at all, the patient taking it should be admitted as an in-patient, or be seen frequently. This seems to be the only lesson which can be learned from the unfortunate case of poisoning in a baby recently reported by Dr. Koplik in Pediatrics.

[If the editor of Treatment will borrow a homeopathic materia medica, and after reading the chapter on phosphorus will give the drug according to the indications there given, he will never have a case of phosphorus poisoning: and, after a little experience with the drug, he will come to the opinion that we would be very much poorer if phosphorus were banished from our pharmacopoeias.]

### *Dangerous Remedies.*

The increasing number of deaths caused by sulphonal and trional have made a considerable stir in the profession. Dr. H. C. Wood, Jr., the well-known authority in therapeutics, has issued a warning based on a thorough study of the poisonous effects of these two drugs. He says that the increasing frequency of chronic poisoning has made only too many physicians practically familiar with the symptoms of this fatal intoxication. The first signs are unfortunately so suggestive as to often escape notice until the patient's death-warrant is read in the blood-red urine.

These preliminary symptoms of nausea, gen-

eral lassitude, and weakness, diarrhea, or constipation, which, if understood, might serve as a warning in vigorous subjects, do not occur in neurasthenic women, the very class which furnished the majority of poisoning cases, and attract the attention of physicians.

In advanced stages there is a greater uniformity in the symptoms. Colicky pains, vomiting, and absolute constipation—which is difficult to overcome by the most heroic measures. There are grave changes in the nervous system. The weakness becomes a paralysis, sometimes more or less general, but usually confined to small groups of muscles. There is pronounced ataxia of legs and arms, and finally the port-wine urine, due to hematoporphyrine, of high acidity, and later albuminous.

The symptoms of trional poisoning, while not less dangerous, are more insidious than those of sulphonal, and are less apt to be observed until its effects are irremediable. They resemble those caused by sulphonal, but with certain differences, and usually occur in the following order: Headache, giddiness, staggering gait, and paralysis, even to loss of control of sphincters, and almost loss of power of motion.

Of twenty cases of sulphonal poisoning reported, seventeen had a fatal termination. In nine cases of trional poisoning, three died.

[Physicians of all schools can take warning from the above statement. While we have such drugs as ambr., cham., bell., coffea, hyos., etc., there is no need of turning to sulphonal or trional.]

### *Crataegus.*

Dr. Reilly of Fulton, Mo., in the Medical Arena, says: The symptoms calling for crataegus are, as well as my observation can estimate, as follows:

**Mental.**—Apprehension, despondency, and general mental depression.

**Chest.**—Oppression of the breathing. Extreme dyspnea on least exertion; cough dry or with expectoration of glairy mucus. Sometimes pain in region of heart.

**Heart.**—Usually more or less dilated, first sound absent or weak. Pulse rate very much accelerated, irregular, and intermittent. Mitral regurgitant murmur.

**Digestion.**—Usually a nervous indigestion, with constipation from inertia of the lower bowel. Appetite very capricious.

**Nervous.**—Usually very nervous and irritable, with pain in back of neck and head. Extreme exhaustion from least exertion, mental or physical.

**Urinary Analysis.**—Albumen and excess of phosphates.

**Limbs.**—(Edema of hands and feet, with great weakness.

All symptoms worse from exercise in a warm room and from mental exertion. Better from fresh air, quiet, and rest, mental and physical.

As before mentioned, I have never seen a proving of *cratægus*, and as a consequence the symptoms herein collated are gathered from the successful clinical exhibition of the drug in about one hundred cases, and extending over a time limit of over two years.

These are the symptoms in only those cases that were relieved by *cratægus*.

I hope that we may soon have a full and reliable proving of this most valuable remedy, and my opinion is that it will occupy a prominent place in our armamentarium in the treatment of nervous conditions of the heart and digestion.

### *Permanganate of Potassium as an Antidote.*

The powerful oxidizing properties of permanganate of potassium have rendered it valuable as an antiseptic and disinfectant, but its properties as an antidote for various poisons are not so generally known. It has been prescribed with success by Bokai and other physicians in the case of phosphorus, which it transforms into orthophosphoric acid. It has been used by Autail for oxalic and hydrocyanic acids and their salts, as well as for strychnine and other vegetable alkaloids. Pyle Koemer has employed it in the case of poisoning by opium, and Lacerda for serpent bites and those of venomous insects, spiders, etc. Several years ago the physician Hugoneng showed its action against atropin, aconitin, caffeine, cocainin, etc. In a recent work an Italian physician, Paratore, has remarked its effect upon the vegetable alkaloids, such as nicotine and aconitin, and also upon the vegetable poison curare. He has studied its

action in cases of poisoning by strychnine, comparing it with the usual antidote, such as tannin and odine. As a result of his researches he finds that the permanganate is superior to others, whether employed in direct injection or in cleansing of the stomach.

### *Pathogenetic Action of Cyanide of Mercury.*<sup>21</sup>

**GENERAL SYMPTOMS.**—Extreme feebleness; tremor; swooning; faintings; fatal fainting; cold throughout; icy coldness; general coldness and nausea.

**Skin.**—Hot, slight moisture; moisture with icy coldness.

**Head.**—Atrocious headache.

**Fever.**—Pulse small, compressible; 70–76, 96, 100; slow; of high tension, small, feeble, accelerated, thready; nocturnal fever, with sleeplessness and pains in the head.

**Mental.**—Great excitement; fits of passion; fury; talkativeness; indifference.

**Eyes.**—Sunken; conjunctivæ injected.

**Face.**—Pale; facies hippocratica; slight cyanosis.

**Teeth.**—Painful; gums swollen, covered with a whitish adherent pellicle below which there is livid engorgement.

**Mouth, Tongue, and Lips.**—Lower surface of the cheek sprinkled with ulcerations, which are covered with a grayish-white pulp. On the inner surface of the right cheek is a circular ulceration, with grayish base and undermined edges, surrounded by bright redness; mouth covered with ulcerations which have a gray membrane; tongue pale; at the base of the tongue a yellow patch. The base of the tongue is red at the edges, and is covered by a closely adherent gray layer; the mucous membrane is red and tufty; free salivation; astringent taste; very disagreeable metallic taste; fetor of the breath; pain and swelling of the salivary glands.

**Throat.**—Roughness in the throat; pain; deglutition difficult; lower part of the pharynx red and tufty; swelling of the pharynx, with little spots of light gray; white, opalescent membranes on the pillars of the palate and on the tonsils; gray membranous ulcerations on the tonsils and the velum palati.

**Stomach.**—Nausea; vomiting; vomiting of

substances mixed with blood; bilious vomiting; sense of heat; tenderness to pressure; hiccough; persistent and painful hiccough.

Abdomen.—Painful; tender to pressure; colic.

Anus and Stools.—Constipation; diarrhea, alternating with constipation; liquid stools, preceded by colic; black stools, liquid and fetid; frequent liquid stools; bloody stools; motions of pure black blood; frequent desire for stool, which is preceded and accompanied by tenesmus; stools with tenesmus; pains in and around the anus while seated; intolerable pain in the rectum; circumference of the anus swollen, tender, and slightly red; frequent and abundant anal hemorrhage; small hemorrhoidal swellings; mamillary swelling of the mucous membrane; diphtheritic membrane around the anus; erosions; discharge of fetid liquid with a gangrenous odor; purulent exudation.

Urine.—Scanty and clear; scanty and deeply colored; diminished; suppressed; micturition painful.

Limbs.—Slight convulsive movements of the lower extremities; phlebitis in the left calf.

Heart.—Contractions strong, well marked; beats violent and abrupt.

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### FERRUM MET.

By L. C. SAMMONS, M. D., Shelbyville, Ind.

**I**F any are in doubt concerning the efficacy of potentized remedies, they should try ferrum met. and note the results. The results of this remarkable remedy are deep and lasting.

The writer was led to try its value not long ago in the higher attenuations, and at that time did not believe in such infinitesimals, and considered the assertions of prominent prescribers of the higher attenuations and the brilliant results obtained from their use as the merest fancy.

Having since had a number of opportunities to test it, will say that results have proven it to be a wonderful remedy when given in this form, and of exceeding value in the treatment of chronic diseases.

When one considers the fact that iron colors the blood-corpuscles red, carries oxygen to all parts of the body and thus furnishes the vital

force that sustains life, we can readily understand its significance.

Without a proper balance of iron in the blood health cannot be maintained. The circulation is increased, for the blood tries to carry enough oxygen to all the tissues of the body with the limited amount of iron at hand, and in order to do so must move rapidly—this increased motion being changed to heat (fever).

The action of iron in the crude state is impaired or practically *nil*; but why I cannot say. But a theory has been advanced that when given lower than the 6x potency it acts as an irritant, and the absorbent quality of the glands along the alimentary canal repel it and it is rejected as a foreign substance, while the higher attenuations pass through every fiber and tendon in the system.

However true this may be, experience teaches that the higher one uses ferrum met. the more powerful it is in action; until the question arises: Can it be sufficiently subdivided to lose its dynamic force? Here a doubt may be expressed, for its action in the thousandths, when indicated, gives speedy and satisfactory results. And if taken by a healthy person for any length of time, a train of symptoms is produced strong enough to convince the most skeptical that it is a powerful drug.

There is a rush of blood to the brain. Cerebritis, dizziness, wildness, and madness. The eyes are red, with burning pain; bloody, purulent, greenish discharge from the nose in anæmic patients, with fiery redness of the face.

One case in particular which came under my observation, and upon which ferrum was being used, was a case of pernicious anæmia in a man aged fifty, who had gone through the hands of several old-school physicians, who, to express it in his own words, had given him enough iron to build a stove. He was placed on ferrum 30th, and in two weeks was out of bed and able to be about the house.

This is one of the many cases where the higher potencies of ferrum have been administered, and in nearly every one the patient after taking the medicine was benefited.

It is sufficient proof of the action of the remedy and of the higher potencies; and if any doubt exists as to its efficacy, I cannot but im-



press upon the minds of all that ferrum met. will cure where the leading symptoms are rush of blood to the head; hammering, beating pains in the head; fiery redness of the face; vomiting of food immediately after eating or at 12, P. M.; and in anæmia there is often soreness of the abdominal walls, caused by dilatation of blood vessels.

For ferrum acts pre-eminently upon the blood vessels, dilating them by diminishing the action of the vaso-motor nerves; hence you find a full, yielding pulse.

Give it in a potency, and you will make some brilliant cures.

Another place where you will find ferrum of exceeding value is in tuberculosis, here rivaling the well-known phosphorus. It has oppression of the chest, hard efforts to breathe, epistaxis, cough dry and teasing; bruised sore feeling in the chest; and aching in the occiput.

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### MATERIA MEDICA QUESTIONS.

By E. FORNIAS, M. D., Philadelphia.

Give the croup of bromine.

Child suddenly arouses from sleep, as if choking. Gasps for breath, with wheezing and rattling. A drink of water relieves. Deep, forcible inspiration from time to time. Breathing as though through a sponge. Coughs night and day, sounds loose, but no expectoration. Affection has an upward tendency. Light hair and blue eyes.

Give the throat symptoms of belladonna.

Dryness and soreness of roof of mouth and fauces. Constant attempt at deglutition with a feeling of narrowness and constriction, as if nothing would pass down. Internal swelling worse on swallowing and on external touch. Throat feels raw, as if scraped, and looks very red and shining. Tonsillitis worse right side and on swallowing liquids. Spasm of throat on swallowing or drinking, causing the return of fluids through the nose (lach., merc.). Violent sticking on swallowing.

Give the baryta carb. child.

Scrofulous child, with enlarged indurated glands (calc., iod.), especially cervical.

Dwarfish, emaciated (opi.), with large abdomen and bloated face; scurfs on head, ears, and nose (graph.); inflamed eyes and opaque cornea, especially if tonsils are affected by least cold. Memory deficient; cannot be taught, for it cannot remember. Idiocy; sits in a corner idle, does not want to play; laughs in a silly way when spoken to.

Give the febrile symptoms of belladonna.

Intense forms of fevers, with marked cerebral excitement; or when the pulse and heat run high, with flushed face, throbbing carotids, dilated pupils, strawberry tongue, sore throat, and a full, hard pulse. The skin is moist and very hot, imparting a burning sensation to the examining hand. Cold limbs and hot head. Face and head bathed in a sweat. Violent delirium. Bites and strikes those around or desires to escape. Easily aroused by the slightest touch, as the jar of the bed; starts in sleep and cries out as if terrified. Intense headache; photophobia, convulsions, and aversion to uncover.

Give the borax child.

Ill-nourished state of body, hence aphthæ in mouth. Child grows pale. Clay-colored face, soft and flabby; very nervous; the least noise startles or awakens him in a fright, then cries much, clings to something as if afraid of falling. Cannot bear a downward motion. Refuses breast on account of sore mouth, and does not thrive. Stools watery and brown or light yellow, slimy, green; painless.

Give the aphthæ of borax.

Child refuses breast, showing signs of pain when nursing. Aphthæ in mouth or inner surface of cheek, bleeding easily; with great haste, heat and dryness of mouth. Red blisters on the tongue, as if eroded. Fore part of palate is shriveled, as if burnt. Every motion of tongue causes pain. Urine of pungent smell; passed frequently, and preceded by screams and cries.

Give the paralysis of gelsemium.

Paralysis of motor and sensory nerves, both voluntary and involuntary muscles. Motor more than sensory.



HAHNEMANN MONUMENT, PARIS.

# THE MEDICAL LIBRARY.

## Periodic Respiration.

Alexander McAlldowie, M. D., has had printed his inaugural address delivered by the author as President of the Medical Association at its annual meeting held November, 1898. It is a clinical study of Cheyne-Stokes breathing and the allied forms of periodic respiration, based upon forty-nine cases that have occurred in the author's practice. The author discards the name "Cheyne-Stokes respiration" in favor of the term "periodic respiration," because he believes that all the varieties of intermittent breathing are physiologically identical. There are, however, functional disturbances of respiration which, although periodic, have not the Cheyne-Stokes rhythm, and are not associated, as far as we are aware, with the secondary phenomena—as, for example, the variations in the size of the pupil which characterize this, the best known form of spaced breathing. Exception is also taken by the author to the term "dyspnoeic phase," in conjunction with the apnoeic phase, of the respiratory cycle, and it must be admitted with considerable force. The author bases this objection chiefly on the grounds that there are no signs of early asphyxia with the "dyspnoea," the expiratory portion of each respiration being as large as the inspiratory, and that he failed to restore the natural rhythm by the transfusion of blood or normal saline solution, or by the administration of oxygen. He maintains, in short, that the respiratory disturbance is primarily nervous, and is not due to an excess of carbonic acid in the blood, and therefore suggests that the term "hyperpnoea" is preferable.

He quotes some of the almost innumerable theories that have been advanced in explanation of the phenomena, and formulates one of his own, this is that the condition is due to a relaxation of the controlling influence of the highest level centers (following the doctrine of Hughlings Jackson) with a corresponding disorder of dissolution in the respiratory nervous mechanisms of the middle level, the different phases depending on the alternate augmentation and neutralization of successive respiratory nerve waves from the coinciding of their crests, or the reverse. We gather that Dr. McAlldowie considers that this intermittent respiration is invariably pathological, and can be

studied only from the clinical standpoint. But a periodic respiration occurs in the newly born of some mammals, and in hibernating animals; it may occur also in so-called functional or hysterical states, and it has, we believe, been produced experimentally.

As a contribution to our knowledge of the subject, the value of this book is due not so much to the theoretical considerations which it contains, although they are highly philosophical and closely reasoned, but to its well-observed and well-recorded clinical facts. It is a good illustration of the great advantage which the general practitioner has over the consultant in seeing the earlier stages of disease.

## Zur Loesung des Problems Der Heilbarkeit der Lungentuberculose.

This is claimed to be a contribution towards solving the question of the curability of phthisis, by Dr. Carossa. Von Ziemssen once ventured to prophesy that a "specific" would never be found for tuberculosis. Dr. Carossa, however, is bolder, or more credulous, for he believes that he has found, in a combination of pilocarpin and eugastrin (the active principle of *condurango*), an unfailing remedy for phthisis. The eugastrin prevents the gastric disturbances which pilocarpin alone sets up. The specific should only be given (we are not told in what dose) when the patient is lying down, and should be administered for from four to seven months. Relapses after apparent cure are not uncommon. This "cure" may advantageously be combined with the "open-air cure," but appears to be incompatible with the "cold-bath cure." Warm baths, fortunately, are not contraindicated. Under the benign influence of pilocarpin extensive tuberculous areas, we are assured, clear up in a few days' time. In one case, that of a patient who had a right apical dullness for four years, the dullness disappeared in a fortnight.

Dr. Carossa does not consider the presence or absence of tubercle bacilli as of much importance in reference to prognosis, nor to diagnosis apparently, for he finds that they disappear with the dullness and expectoration.

When we hear of numerous cases of phthisis, all tuberculous, all rapidly cured by the administration of pilocarpin, we cannot but be reminded, without being morbidly skepti-



cal, of the reply given by the gentleman who was informed that a friend always caught cold after eating walnuts: "If true, curious."

**Pelvic Inflammation:  
Treatment Through the Vagina.**

As Dr. William R. Pryor very truly says in his preface, there exists the utmost confusion in the profession at the present day regarding the most successful means of treating pelvic inflammations. Any attempt, therefore, to increase our knowledge of this important subject, and at the same time to render the principles of its treatment more certain, is to be welcomed.

The author of this book may well be called an enthusiast for the treatment of such cases of pelvic disease as require operation by the vaginal route, and there is certainly much to be said for this view. In considering endometritis great stress is laid upon the importance of determining whether the discharge is purulent or non-purulent, and the immediate necessity, if it be purulent, of checking it. The latency of gonorrheal and septic endocervicitis and the fact that either form may exist without producing pathological discharges must be constantly before the mind of the physician when he wishes to use the sound or to operate upon the cervix. In cases of acute septic endometritis irrigation of the uterus with a quart of Thiersch's solution, to be followed by three quarts of boric-acid solution, is recommended, the irrigation to be repeated in twelve hours if necessary. If after two days the local and general symptoms do not improve, extension to the adnexa is to be feared. In cases of puerperal infection if four hours after the injection the temperature is not normal, the uterus is again irrigated, and packed with iodoform gauze. If twenty-four hours after the treatment fever is still present the uterus is curetted and packed with iodoform gauze.

In all cases of sepsis where curettage is performed because milder measures have failed to relieve, the pouch of Douglas is opened at the same time. This operation consists in opening the peritoneal cul-de-sac, separating with the fingers any adhesions that may have already formed about the appendages, and filling up the pelvis to the level of the fallopian tubes with strips of iodoform gauze. The vaginal and uterine plugs are removed after three days, while the pelvic dressing is taken out after seven days and replaced by fresh gauze. This dressing is renewed every four to seven days until the wound closes. Large

quantities of muddy serum drain away through the gauze, and, when necessary, the patient is given hypodermic injections of strychnine and rectal injections of salt solution.

As a result of bacteriological examination the author has found that whenever streptococci have been present, and even when the peritoneal cavity contained pus, the dressings have absolutely sterilized the operation field. This result is usually accomplished by the third dressing. Curettage is recommended for cases of acute gonorrheal endometritis, whether seen early or late. The descriptions given of the various forms of pelvic inflammation are good and clear. Dr. Pryor differs from most gynecologists in refusing to recognize the condition usually described as pelvic cellulitis, although he describes broad ligament abscess, which is supposed to be the result of such a cellulitis.

The practice of applying strong caustics or antiseptics to the interior of the uterus after curettage is strongly condemned. The operation of vaginal section as practiced by him is believed by the author to overcome the two chief difficulties in exploring the pelvic organs through the vagina—viz., the presence of the uterus and the prolapse of the intestines. The operation is performed as follows: After opening Douglas' pouch by an incision through the mucous membrane and perforation of the peritoneum with the finger, the patient is placed in Trendelenburg's position. A careful digital exploration of the pelvic viscera is now made. After wiping the pelvis free from blood, a visual inspection is carried out. The vagina and posterior edge of the incision are drawn backward by a Péan's retractor, and a Péan-Pryor trowel is inserted behind the uterus. By this means the uterus is pushed up behind the symphysis pubis and out of the pelvic cavity, and by manipulation of the trowel the adnexa of first one side and then the other are readily brought into view and can be dealt with. This method of vaginal exploration is satisfactory in all forms of adnexal inflammation and ovarian neoplasms. The only two conditions recognized by the author as contra-indications are an ectopic gestation which has ruptured into the broad ligament and intra-ligamentous fibroid tumors. He concludes that the operation is far preferable in cases suitable for its employment to both abdominal section and anterior colpotomy. The ease and certainty with which the pelvic organs can be explored by this variety of vaginal section enable an operator to

treat a much larger number of cases by conservative measures than was formerly the case, and Dr. Pryor utters a very strong plea for such treatment in all cases that offer a chance of success. The pathological conditions for which Dr. Pryor usually does a radical operation are as follows: diffuse pelvic suppuration; genital sclerosis; puerperal pyosalpinx in women over thirty years of age; relapses after conservative operations; uterine tuberculosis; chronic metritis with infected ligatures after abdominal operations; abdominal sinus left after cœliotomy; ruptured ectopic gestation; or unruptured and associated with adnexal disease on the opposite side; and small bilateral ovarian cystomata. He occasionally performs a palliative operation in diffuse pelvic suppuration, ovarian abscess, and cases of pelvic suppuration where the general symptoms are too grave to warrant an immediate ablation. For other pelvic conditions he usually employs conservative measures. The method of performing vaginal ablation en masse, vaginal ablation with hemisection of the uterus ("division of the difficulties by division of the uterus," as the author happily puts it), and vaginal ablation with morcellation, are all fully and clearly described.

#### **A Manual of Gynecological Practice.**

Dr. A. Dührssen has now practiced his operation of vaginal cœliotomy in five hundred cases with a mortality of three per cent. The operation is undoubtedly one of great value in suitable cases, but it is, owing to anatomical considerations, limited to a relatively small sphere, and is only applicable to those cases where the cervix can be drawn down to the vulva. The method of opening Douglas' pouch is objected to on account of the frequency with which it is followed by the formation of perimetritic adhesions and the danger of causing laceration of the bladder if forcible retroflexion of the uterus be carried out.

In the treatment of cases of genital atresia with hematosalpinx, salpingotomy is recommended. Fuld's researches have shown that the simple vaginal operation is attended by a mortality of at least seventy per cent. (thirty-nine deaths in fifty-six cases). As an alternative to amputation of the cervix in cases of chronic metritis Professor Dührssen has devised the method of removing a wedge-shaped piece from the whole anterior cervical wall after opening the anterior vaginal fornix. By this operation a normal slender cervix is

obtained which later cicatricial contraction will not alter. The danger of the occurrence of posterior parametritis and perimetritis which so commonly follows the ordinary method of amputation is also avoided.

Vaginal fixation for cases of retroflexion of the uterus requiring surgical treatment is an operation which the author has done much to popularize, and he is now able to publish the results of six hundred cases treated in this way. Certain modifications have been carried out in the technique of the operation in order to avoid the occurrence of grave disturbances in labor, in the event of the patients becoming pregnant. These consist in passing only one fixation thread and in separate suture of the peritoneal opening. The vaginal fornix is laid open by an inverted T incision, and the peritoneum by a sagittal one. The fixation suture is passed through the vaginal wall and peritoneum at the upper end of the peritoneal opening. The peritoneum is closed by a continuous catgut suture, and then the vaginal wound is closed in the ordinary manner. In this way a purely serous adhesion is formed with the fundus, and this stretches readily if pregnancy occurs. In considering the operative treatment of fibroid tumor of the uterus vaginal cœlio-myomectomy is recommended for small tumors. This aims at preserving the uterus and adnexa, and consists in the extraction of the uterus through the opened anterior vaginal fornix and the removal or enucleation of the myomata according as they are sub-serous or interstitial or sub-mucous. This operation is said by the author to be not more dangerous than curettage. In the treatment of large fibroid tumors supra-vaginal amputation of the uterus is preferred to total extirpation, and in cases of hemorrhage where operation is contra-indicated, Professor Dührssen would try the effect of steam applied to the endometrium, a method of treatment which is often followed by permanent and good results.

#### **Besieged By the Boers.**

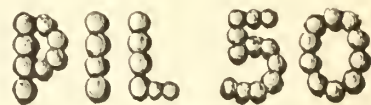
This is a diary of life and events in Kimberley during the siege, by E. Oliver Ashe, M. D.

The writer is one of the leading medical practitioners of Kimberley, and is surgeon to the hospital there. He remained quietly at his post throughout the siege, doing with his might the work that lay nearest to his hand, and withal finding time to note day by day what he saw and heard and felt. This diary

was written, as the dedication of the book shows, solely for the eyes of his mother at home in England, without any notion of its being made public. Fortunately, however, it was lent to a well-known journalist, who was so struck by it that he strongly advised publication. There can be no doubt as to the soundness of this advice, for the diary is a most interesting document of the class known as *mémoires pour servir*. There is no attempt at "writing up" the scenes and sufferings, the incidents and emotions of the memorable siege. Dr. Ashe tells his story with a simple directness worth all the lurid word-painting of the literary impressionist. He tells us what the man in the street—and in the shelter—felt when shells were falling all about, wrecking houses, and now and then killing someone, but luckily, as a rule, doing little beyond making a hideous noise. In reading the diary we seem to hear the bugle sound the alarm when a shell was coming, and to see the people run to take shelter in the improvised forts which they had constructed in their back gardens, or crowding down out of harm's way into the bowels of the diamond mines. We share in the excitement of the hairbreadth 'scapes when shells strike a spot where someone has been standing a few minutes before, or go through the open window of an office just missing a man at work there, or fall under a sick woman's bed without exploding. We are moved by the tragedies which occur from time to time—babes killed in their mother's arms, children torn to pieces when sitting at breakfast, men slain in their bedrooms when dressing for dinner. As the siege goes on we become case-hardened, like the inhabitants of the besieged town, and think little of such trifles as stray shells. Dr. Ashe owns that he was badly scared, but the work had to be done, and he felt that if a shell were destined to hit him it would do so whether he were indoors or out-of-doors, and whether in a shelter or not; and so, though he did not try to get hit, he went about his work as usual and never missed a single office hour or visiting a single patient on account of the shells. And he thinks all the other doctors did the same. All honor to them for staying at the post of professional duty when they might, without the least reproach, have gone away! We share with them in the gradually diminishing rations; we dine off joints of horse and make believe we like it; and we make salads of casual weeds which grow in our gardens, left unwatered owing to the exigencies of the military situation. The "military situation," by

the way, is one of the few things that disturbed the philosophical serenity of Dr. Ashe's temper. He chafed under the multitudinous and often seemingly meaningless restrictions imposed by martial law. The reader comes to know the writer almost as a personal friend, and the quiet heroism and the pride in the devoted courage of his wife, who was with him all the time, which shine through the rough narrative can hardly fail to win the sympathies of the most stolid Briton.

Naturally enough, Dr. Ashe does not agree with Mr. Stead in looking upon the Boer as a brother; and he frankly rejoices when he is "potted." And it must be admitted that the Boer is not a heroic figure when seen at close quarters outside his intrenchments. He is treacherous and cowardly, firing at ambulance wagons regardless of the Red Cross, and not caring what havoc his shells may work among women and children. He is filthy in his habits, and even his boasted marksmanship is a delusion. He took care never to come within rifle-shot of Kimberley, and can only fight at long range and from behind cover. One redeeming feature in him was the scrupulous observance of the Sabbath Day. This gave the Kimberley folk a day of rest from shells. Dr. Ashe says the town is not composed of Sunday-school superintendents, and is, as a rule, rather bored by Sundays, but it found the Boer method of keeping the day holy the reverse of boring.



### *No Longer An American Home.*

The American home is no longer a palace of love in the valley of peace, music, and laughter. The successful American man and his wife have apartments in some fashionable hotel or boarding-house. In summer the wife goes to the mountains or seashore for a change of air, and the husband stays at home and works for the money to pay his wife's summer bills, and creates his pleasures with free thought and license. Every law of earth and heaven whispers maternity—creation. Every religion, away back into the chaos of time, down to the Christian one of to-day, has made motherhood divine, sacred. The Hebrews of to-day crown a mother with the glory of man's greatest honor. The Catholic faith looks upon motherhood as the divine



blessing of God. The strong family ties of love and loyalty of the Hebrew race is the secret of their wonderful prosperity and strength in every community in which they live. It is the link which binds all Catholic families so closely together that no adversity, no trials, no shame can shadow their allegiance.—*Charlotte Medical Journal*.

[Alas, that this should be true! But unhappily it is, in the great majority of American homes. A barren wife, or one little chick, the result of curiosity or accident before the lesson was well learned. Look about you, gentlemen of the profession, and count the children in your best "families." Is it not your duty, both as a lover of your kind and as a patriotic American, to talk of this danger to your "barren" wives and their husbands? As matters socially now stand with the newly wedded, having a baby is played out. Let the foreign washwoman, and the other serving-women about our houses, have the babies. It is vulgar to be so awfully disfigured for many months, with all the suffering at the close.]

### *Is This Homeopathy?*

Dr. W. A. Yingling of Superior, Kan., has been experimenting in connection with Dr. W. D. Gorton, with a very old-fashioned remedy put in homeopathic form. He has taken the juice of the peach, pear, plum, and apple, mixed with an equal amount of alcohol, macerated fourteen days, and potentized by hand to the 200th centesimal potency. Dr. Gorton afterwards potentized the 200th up to the C. M. potency. The keynote of this remedy is "sleepy indigestion or somnolent dyspepsia, a state of overwhelming drowsiness." Dr. Yingling has given the name *succus fruti* to the remedy, and claims that the results obtained from its use have been very gratifying.—*The Critique*.

[Dr. Yingling is a well-known contributor to homeopathic literature (of the unco-good kind) and is also the author of a repertory. If he has put *succus fruti* upon the homeopathic market, in any potency, from nothing up to and inclusive of the C. M. on the keynote indication of "sleepy indigestion, or somnolent dyspepsia, a state of overwhelming drowsiness," we are moved to ask if that is his conception of homeopathy—or his manner of applying the homeopathic totality, as taught by an elderly gentleman, long since gone to his grave, by name Hahnemann?]

## Book Reviews.

UROPOIETIC DISEASES. By BUKK G. CARLETON, M. D., author of "Genito-Urinary and Venereal Diseases," "Disorders of the Sexual Organs of Men," etc. Second Edition, revised and enlarged. Illustrated with thirty-three Photomicrographs and six Lucotype Figures. New York: Boericke & Runyon Co., 1900.

In the Preface to the Second Edition the author says that since the medical and surgical diseases of the kidneys and ureters have been included in this edition, the title has been changed to "Uropoietic Diseases." The size of the book has also been increased; though the additions have not made the work unwieldy, since they have been so masterfully incorporated with the original text that the blending and welding would not be visible save upon close comparison. This is a class of specialty with which the general practitioner is perhaps the most often in contact. It is, therefore, of prime importance that he shall be letter-perfect upon the subject, and be ready at any moment with the latest armamentarium with which our most advanced authors—and we count Dr. Carleton of this lot—has favored the profession. So far as the intrinsic value of the work is concerned, everything that could have been said was said about the first edition. The second edition calls for nothing additional except in the new matter which has been added. We are glad to note that Dr. Carleton has not grown so ultra-fashionable as to discard the term *Bright's disease*. He treats it respectfully, puts it in his index, and, then, when it is looked up, the searcher for quick, on-the-nail knowledge finds something that he can promptly lay hold on, with which to diagnose his waiting patient. We are well enough aware that Bright's disease covers a small multitude of kidney lesions; but that does not excuse the absence of the old-time term, and the mystification of the subject, until an ordinary general practitioner, who has been treating Bright's disease for years, after reading seventy or a hundred pages of *Nephritis*, doesn't know one form of lesion from another; and in desperation must send his kidney cases to the expert who writes the learned books. This re-

minds us to say that one of the charms of all of Carleton's books consists in his unlabored style. His English is always of the current kind—"the kind that keeps." He does not confuse the reader with chapters of has-been remedies and operations and nomenclature. He is a busy man himself, and his books are designed to bring quick help to any practitioner who consults his pages. He possesses the very happy faculty of telling his story in short sentences, and to the quivering point. His homeopathic therapeutics are classics. No homeopath need fear the treatment he advocates. The book is a wonderful exemplification of good business sense and practical application of homeopathy to a frequently appearing specialty in the practice of every busy physician. Yes, we like this newer book, and recommend it.

"The Dissemblers," by Thomas Cobb, in September number of *Lippincott's Monthly Magazine* is a charming little completed story which all our readers should read. It is full of action and brightness. There isn't a dull line in it from beginning to end. It moves along with the rapidity of a well-staged play. It contains only a few characters, but they keep at work; so that there are no long waits between the principal scenes. The story does not attempt to paint the color of the sky or the grass, or describe the beauty of person or apparel of any of its characters. It is simply a sweet love story, carried along on novel lines. Another *very* short story is the "Bishop and the Fool" written by a clergyman, who surprises his readers with a revelation of cowboy language and manners, and yet portrayed in such peaceful and eloquent way as to offend no one. Other stories are of the same lively, instructive nature—and there are those special things for which *Lippincott's* has been famous from the beginning. "Walnuts and Wine" is a department devoted to the latest humor, either in original packages or copied from contemporary magazines. These are usually followed by some of Goodes' characteristic pen-and-ink sketches which require no elaborate letterpress to explain the joke. The fire which created such fearful havoc in the printing-house of the Lippincotts has rather enhanced the value of

those publications of this firm with which we are acquainted. We do not wish to insinuate that the only way to roast a suckling pig is by burning down a house; but certainly the work put forth by this enterprising firm since the conflagration has been of an unusual order of excellence.

*St. Nicholas* is filled with the bright ideas of its St. Nicholas League. This doesn't mean, of course, that there is nothing in this popular magazine from older writers, but it does mean that the young man and young woman of America are making *St. Nicholas* a true young-man and young-woman's journal. It is of and for young people. Its initial story of the last issue gives a Fourth of July celebration by a young American in Ireland. As we have so repeatedly said, all the stories of this magazine are good for older folks. Indeed, there is hardly a story that we do not find time to read through with our children, and sometimes before they get the last issue. A charming journal, always welcome and always satisfying.

The October *Century* will present "A Plea for Fair Treatment" which is to be written by Minister Wu Ting Fang, and is a plea in behalf of his fellow-countrymen. This is to be one of several articles in this same magazine discussing the Chinese question, and it will doubtlessly tend in emancipating the average American from his preconceived notions touching this wonderful land of the East. In the hurry and excitement of war and rumors of war, many opinions are set in motion which a later and cooler consideration of the ascertained facts show to be highly, and, sometimes, criminally erroneous. There must be another side to this Chinese muddle. A people which has existed from time immemorial, to whom so many of our modern inventions can be traced, cannot be the benighted and heathenish populace which contemporary writers have sought to establish. "The Helmet of Navarre" will continue its stirring scenes. There is no sluggishness about this story. It moves along with almost incredible speed. There may be, to a modern reader, a trifle too much of sword and treachery; but if it is remembered that the story is laid in a

time when the sword was the arbiter-in-chief of all difficulties, then the rapidly changing scenes from one murder, and one attack with blood-results, to another and more ghastly attack, will not seem so terrible or overdrawn. It must be said, however, that the scenic effects are most perfect. That even in the scenes of swift carnage the action of the story is such as to ameliorate the horrible, and to leave only the fair and the just. It is a masterly story to find its way into print from the pen of a woman. The pictures which accompany it are graphic and good.

♦ ♦

### Obituary.

#### CAPTAIN WILLIAM BOYCE, M. D.

THE death of this honored and well-known physician of Auburn, N. Y., upon August 17 last removes from our profession a man of sterling integrity, a successful practitioner, and a thoroughly good homeopath. We had the honor to know him personally, having met him for the first time in 1886 at the meeting in Saratoga of the International Homeopathic Association. We then found him a well-educated and well-drilled homeopath, and listened to his counsel with interest and profit. With two of his sons we were acquainted, and with one of these, Dr. Carroll O. Boyce, now at Marquette, Mich., we were room and deskmate, and also fellow-graduate. With the younger brother, Adolph Lippe Boyce, now in St. Louis, we had sufficient acquaintance to learn to esteem him most highly for his many estimable qualities and promises for the future. With the daughter of Dr. C. W. Boyce, Mrs. Markham, also at Marquette, we never had acquaintance, but we have known of her as a good physician and a faithful Hahnemannian. As one of our contemporary journals has said, Dr. Lippe lived to see his family all grown up and established in life. But the journal failed to add that the children with one exception are all homeopathic physicians, and of the better type at that. Dr. Boyce was a great friend of and believer in Carroll Dunham and Adolph Lippe, as is evident from the names given his two sons. Of late years very little has appeared in the journals from the pen of Dr. Boyce; but in

former years he was an active and aggressive contributor to the wealth of the homeopathic profession. But he had reached and passed the Scriptural age, and was content to let some other one carry on his part in the battle of life. He was weary, and laid him to rest. May it be sweet to him!

♦ ♦

### Globules.

Dr. A. B. Norton of 16 West 45th Street, New York, notifies the profession that from and after October 1 he will give his whole attention to eyes.

Dr. James C. Wood has *not* resigned from the Cleveland Homeopathic Medical College; and Dr. Frank Kraft has *not* accepted any place upon the faculty of the same college.

The N. I. and S. M. Homeopathic Medical Association (nineteenth semi-annual meeting) was held in the Council Chamber of the Elkhart, Ind., City Hall, on Tuesday, October 9. The roster of bureau chairmen gave promise of some excellent homeopathic pabulum.

The National Society of Electro-Therapists held their eighth annual meeting in Atlantic City, September 12 and 13, and decided, unanimously, hereafter to meet in conjunction with the O. O. and L. Society and Surgical Society of the American Institute. This is most gratifying, because it gives another feeder for the American Institute, as well as assuring for the "Electros" a better attendance. Dr. W. H. King of Washington is president, and Dr. Hills Cole of Hartford secretary.

We are indebted for the portrait-engraving of the Hahnemann monument at Paris to Dr. Bushrod W. James of Philadelphia, who was the American Committeeman appointed at the International Homeopathic Congress in London, in 1896, to devise ways and means of raising the body of Hahnemann from the obscure and neglected grave in Montmartre, and finding a fitting sepulture for it. This committee, as is now well-known, performed their labors with such expedition that the body was re-interred in Père Lachaise and the dedication of the monument, of which this engraving is a faithful



copy, took place in July, during the session of the recently adjourned International Homeopathic Congress.

Dr. W. T. Miller, of 122 Euclid Avenue, Cleveland, gives all his attention to surgical diseases of men and women. He holds a clinic at the hospital every Saturday morning.

Dr. James W. Ward's homeopathic classic "Why I Am a Homeopathic Physician" appears upon our table in the form of a very handsomely arranged, printed, and bound little reprint. As our readers will recall, this was Dr. Ward's presidential address delivered before the California Homeopathic State Medical Society, May 9, 1900. The paper was one of the finest presentations of the subject which it has been our good fortune to read for many years past. It gives us pleasure to note that this fine and masterly production has been reprinted in the (London) *Homeopathic Monthly Review*. We would gladly have done this; unhappily the policy of our journal is against continued papers, and this one would have required several issues for its full production. We again congratulate Dr. Ward upon his masterpiece.

Dr. H. W. Roby seems to have blossomed out latterly as the poet of the profession in the West. He has two long poems in one of the recent issues of the *Medical Arena*. But poetry—well, well, who reads medical poetry nowadays? Even some of Helmut's most impassioned lines fail of a second reading. We (individually, not editorially) have probably never fully recovered from the newspaper-man's distaste for poetry, and which was rubbed into us in our former and earlier life on the press. Without doubt, poetry is the concretion of beautiful ideas set to music, but the medical profession, which is nothing unless very material and matter-of-fact, has little time to read poetry. Of course this will not condemn the art nor result in purchase of one volume less a year of poetry. We wrote some poetry in our youthful years, and we have been afraid ever since to run for Vice President of the United States, fearful lest someone dig up the doggerel and use it to our utter confusion, demoralization, and defeat. There are occasions when a

poem is the proper and perhaps the only form in which language should be cast into ingots. Such, for instance, as the Ode at the Hahnemann Monument unveiling. But when poetry is, ostensibly, in many of the magazines, used only to fill out an otherwise empty page, then it fails of its mission and had better be omitted. Dr. Roby's frequent contributions in poetry have usually great merit, and in what we have had to say concerning poetry in general, published in medical journals, we have no personal reference to himself or his productions.

There exists at Ealing, a suburb of London, as the caprice of a rich man, a toy hospital, to which broken toys may be sent for treatment, and whence they are later distributed to the children of the poor.

[Being in a reminiscent mood, this reminds us that the very first case brought to us after swinging our gold-lettered-japan-sign was a broken leg—of a little girl's doll baby. We mended it as well as we could without iodoform or the later antiseptic precautions. We believe the doll made a rapid and uneventful recovery.

We read in an advertisement the name of a friend who was senior when we were junior, and who is now in the effete East selling some commercial truck—some patented affair, but lightly connected with the profession. At college this youth was a champion defender of the very highest of high potencies. There was no reasoning with him. When he was settled his letters reported the usual fabulous amount "booked"! Then we lost sight of him until, lo! latterly we found him a sharp and determined upholder and defender of osteopathy. Now he is selling something to make a living withal. This is no slap at the high potencies, nor at osteopathy. But it is a warning to those youths now polishing the college benches not to know too much; to leave their brains open to any little crumbs of wisdom which an undogmatic profession and professor may wish to bestow.

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#### The American Homeopathist.

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# The American Homeopathist.

NOVEMBER 1, 1900.

FRANK KRAFT, M. D., CLEVELAND, OHIO, EDITOR.

## OUR PORTRAITS.



CHARLES E. TEETS, M. D.,  
New York.

## AN OVERSIGHT.

OUR few lines on "The One Woman, Again" have stirred up considerable worrisomeness. Of course we knew they would, if the proper persons in interest saw the article. However, the wrong persons have taken the matter up, and hence our present rejoinder. There can be but one opinion,—certainly as judged from our view-point,—that the omission of any mention of the gentler sex upon the engraved dedication invitation was a mistake. Some recognition of the women in our profession, and especially in the American Institute of Homeopathy, might have been given. They were exceedingly helpful to our Monument Com-

mittee when, for a time, the fund stood still, and when some of the prominent members of our societies and profession gave the project the bar-sinister. In this dark hour of tribulation our good sister came to the rescue, as she always does, like a ministering angel, and we lumbering, double-fisted, great big masculine men were again stirred up to do our remaining duty.

If for any good and sufficient reason Dr. Nancy Williams' name could not be copperplated and sent to the four winds of heaven and homeopathy, then there were others of our women friends who had worked hard to get us out of a bad hole. There, for one instance, was the accomplished wife of Dr. Joseph T. Cook, who spared neither time, labor, nor expense to bring the comatose male once more to a realization of his duty. Her services might have been thus recognized. But were they? Or if Mrs. Cook, not being of the medical profession, was ineligible for anything save hard labor in helping us eligible but inactive ones to snatch the chestnuts out of the fire, there are many other excellent ladies, in the profession, the addition of whose name—one would have been enough—could not have been regarded by the Institute in any other than a complimentary way, and have detracted in no whit from the glory of the "copperplated" males who were so honored.

This criticism may seem, and perhaps is, a bit hypercritical, for dear sister Nancy Williams did sit upon that superheated granite base, under a gloria umbrella, while Walton, Custis, Helmuth, President McKinley, Attorney General Griggs, and others of our faithful did the appropriate honors of the occasion. The only point we make is the technical non-recog-

nition of the sex in the publicly circulated invitation for the monument dedication. There was not one name on that invitation which we would willingly have seen left off; but the addition of another one—and that a representative of the gentler sex—would have given rise to no complaint from anyone.

We have not forgotten for a moment how sadly this whole matter of unveiling the monument in Washington was confused, up to within a very few weeks of the actual dedication. It calls for great praise for all who did participate in the work, that everything went along so satisfactorily, and was concluded amid such a blaze of glory. And we, individually, are of those who will never cease to thank the monument people for their long and thankless task in perfecting the work and carrying it to a successful finish. But the heaping of praise and compliments upon one or more parts of a work must not blind us to an apparent defect in other parts. And there are many in the profession to-day who felt that one of our most efficient workers was not recognized—the gentle and persistent women of our guild, and those outside of it. We would like to take credit for originating this controversy,—it is something to find that you are read and discussed,—but we did not. And to those who wrote us we beg to say, from what we have learned of the haste in which all this closing work was done, that, amid the multitude of petty details quite naturally inhering in so gigantic labor, this omitting of woman from the dedication invitation was, we believe, a mere oversight. We all recognize—we wonderfully great men, with our greater worthiness, and greater braininess, and many other greater things over the “weaker” sex—that it is woman who builds our hospitals, our dispensaries, our churches, our schools, and our monuments.

We have no intention of hurting anyone's feelings, and we especially assure our brethren of Washington that nothing in our former lines on this subject, nor anything contained in this present editorial, had or has any reference to them or their labors. We have too long a memory of the uniform courtesy, kindness, and hospitality with which Brothers King, “Swampy” Custis, and the others of that capital Capitol crew entertained us individually and collectively. Their work was almost Herculean in extent of enterprise, and perfect in consummation of detail. Here let the matter rest!

### THE CATARRH OF INTEMPERATES.

By W. R. STEWART, M. D., Indianapolis.

I DESIRE to call attention to that particular form of nasal catarrh which has its origin some place along the alimentary tract rather than in the respiratory tract.

The irritation may be in the stomach, the rectum, the colon, or the small intestines, in frequency of the order named.

I wish to state first that this form of catarrh finds its cause in many repeated indulgences in foods too highly concentrated, or in quantities that overtax the digestive system, or in kinds of food that cannot be digested by the individual. A young minister said to me recently that “more people were committing suicide through the mouth than by any other means.”

This statement is perhaps overdrawn, but if we say that more sickness is due to indiscretions of the individual than to any other one cause, I think it is not stretching the truth.

It is a well-known fact that epidemics of coryza, with chilling, sneezing, lachrymation, and stomach cough, often followed by general malaise, slight fever, and indisposition, follow closely upon holidays—such as July 4th, Thanksgiving, and Christmas-time, when over-indulgence and consequent overtaxation of the digestive apparatus is a common occurrence.

It is also a recognized fact that hay fever claims only the classical for its victims. It belongs pre-eminently to a class of liberal livers—with large livers.

A mediocre rarely, if ever, enjoys the distinction of having his troubles given such a fashionable name.

I have known of only two cases of real confirmed œzema: one a life-long minister of the gospel, who spent most of his time away from home, eating usually at a table prepared especially for his presence; the other for many years a clerk in a hotel, having little muscular exercise except the muscles used in mastication.

Another factor which has claimed my attention is that most catarrhal patients live in the city, where a daily market is provided.

The fact that a mild cathartic will often aid us in getting rid of a cold is also a recognition of the truth that the alimentary tract is affected.



Again, it is true that catarrh seems to be a natural product in the progress of civilization. The manner in which our ancestors lived a hundred years ago would seem to eliminate many of the recognized causes of nasal catarrh.

We are taught, and have come to believe, that exposure is the primal cause, but as our grandparents lived in open houses, by open fires that were permitted to die away during the night, while they were scantily clothed, both by day and by night, in linen and cotton fabrics,—underwear and overcoats being almost unheard of, while hose and mittens were luxuries enjoyed by the few, it would seem that catarrh would have been one continued epidemic from November to June; but such was not the case. On the contrary it was little known among the pioneers, and it would seem that, in casting about for a cause, exposure could hardly be mentioned as the universal one.

In those days sugar was high and little used and candy-making an undiscovered art.

The practice of preserving fruits and vegetables by canning was at that time almost unknown, and a few dried fruits and vegetables were the winter's store for rare state occasions.

What change has civilization brought about that has produced a generation of hemmers and hawkers, of snuffers and blowers?

My experience teaches me it is largely due to the tempting delicacies invented by this age of scientific cooking and preserving, when the palate is tickled beyond the ability of the alimentary tract to digest.

Our forefathers experienced as much exposure, and there is every reason to believe they suffered more than we, and yet they escaped this trouble, which is rapidly approaching the universal.

What have we to eat that they did not have? Almost everything.

These are days of canning fruits, vegetables, and meats, of cheap sugar and syrups, of the daily use of candy by the—I almost said majority; of pickling everything from half-grown green walnuts to half-spoiled beef, ham, and sardines; these are days when vinegar is used daily; horseradish, fresh from the earth, is brought to market by the barrel, to be ground up and retailed into ten thousand homes three

times per week; when large forces of men are employed throughout the year making and selling preparations of mustard, catsup, pickles, sauces, etc., any one of which is sufficient to destroy the most rudimentary processes of digestion in the stomach of the average goat (granting that perchance he could be induced to eat it.)

People must buy these things and eat them, for they are prominently displayed on the shelves of every retail grocery in the country.

I have space only to allude to the meats that are kept in stock at the up-to-date market and sold daily to customers.

I asked the other day for list of meats which were kept already prepared for eating, and the clerk named three varieties of ham, eight preparations of mixed meats, eight different kinds of mettwurst and liver. When he came to sausage, that form of meat, pepper, salt, sage, and refuse that is always called in question, since it has been dramatized by a certain Chicago manufacturer, he named eleven kinds faster than I could write them down, when a customer came in and took his attention, and I slipped out at a side door with a heavy feeling in my stomach and a trifle dizzy. On another occasion, while buying some breakfast food, when asked what I would have, I replied: "Just send me up a box of each kind you have, that we may try them all, and hereafter buy that which we like the best." "All right," said he, "we have one hundred and ten separate and distinct varieties." I purchased some rolled oats and went home meditating on the cause for so many varieties in these cereal foods. It is necessary also to make reference to the custom of serving coffee, ice cream, and rich cake at late hours by all who entertain.

This little repast is almost sure to be followed by unrefreshing sleep, with more or less aching in the bones and muscles, by loss of appetite, lowered vitality, cold in the head, or bronchitis. It requires about one week for the system to regain its normal tone after this sort of indulgence.

Most of the human family are susceptible to the influence of intemperance when presented in any of the forms above alluded to.

The temptation comes in a way which is not easy to resist, three times per day. And over-

indulgence because of variety and delicacy, and because of foods highly seasoned and highly concentrated, is the rule. All who go beyond their needs do not fall victims to nasal catarrh. Usually it is only those who are strumous or those with torpid liver and constipation, or who have sluggish venous circulation or weak stomachs that fall victims to the habit.

This problem is like many others that confronts the physician—easier to define than to mollify or eradicate. To begin with, these patients are usually dyspeptics—a mild definition for a condition brought on by giving judgment and reason over to indulgence and intemperance.

If anything can be done in a permanent way toward a cure the habits of these patients must be corrected.

To this end we should inquire closely into their manner of living, and prescribe such a diet as will be least likely to derange the alimentary tract.

In a general way it is best to put the patient on a few articles of plain substantial food, that he may not over-indulge; ascertain if possible the particular things that disagree, and forbid them wholly.

Remedial treatment does not always bring immediate relief, as the condition is usually chronic.

The remedies useful in these cases are not very numerous, those following being most often indicated and named in the order of their importance: Nux vomica, anacardium, mercury, ignatia, lycopodium, calcarea carb., arsenicum, hydrastis, phosphorus, sulphur, chelidonium, bryonia, arg. nit., and pulsatilla.

♦ ♦

### HOW SHALL WE TEACH MATERIA MEDICA AND THERAPY.\*

Dr. E. B. NASH, Cortland, N. Y.

IN "ye olden time," and not so very far back, either, the self-styled regular school of medicine pronounced surgery the "opprobrium of medicine." In these latter days the order seems to be reversed, and medicine has become the

opprobrium of surgery. In other words, it used to be: if you cannot cure, *cut*. Now it is: if you cannot cut, cure (if you can). What is the reason of this? I do not believe it to be so much on account of the improved methods in surgery as in the fact that, as compared with ours, they have a very meager knowledge of the action of drugs, and no law to guide to the application of them to healing of the sick. This is admitted and confessed in their claim to be simply the medical school of experience. They have rejected the only natural law of cure ever discovered, and given to the world by S. Hahnemann—a law which could alone lead to an experience which was reliable, and should endure as long as the truth of natural law anywhere in science should endure.

Under the power of this natural law aconite cures the same yesterday, to-day, and forever all affections for which it is the true simillimum.

Guided by this law Hahnemann could by prevision name camphor, copper, and hellebore as the leading remedies for an epidemic of a very fatal disease before he had ever seen a case of it, but simply from a history or record of the symptoms characterizing the genus-epidemicus. If such a system does not deserve the name of a science of medicine, where can we find one in this valley of the shadow of death? Having then such a sure foundation, which is the mark of *distinctiveness* as a school of medicine, let us not cast away our confidence, but continue to build upon it so earnestly and so well that future generations shall bless us for having profited by the heritage left us in the law of cure by our glorious master.

In our list of remedies already deserving the name of polychrest, we have an armamentarium for battling with the ills to which flesh is heir such as the world never in its whole history saw before, and yet, with a generation of years of honest experimentation, I am persuaded that a great ocean lies yet before us for exploration.

Let us for a moment take a retrospective view. In the up-building of our materia medica comes, first, Hahnemann, with his acon., ars., bell., bry., calc., canth., caust., cham., cina, china, coloc., ferr., graph., hep., hyos., ign., iod., ipec., kali c., lycop., merc., nat., nit., ac., nux v., op., phos., phos. ac., puls., rhus, sepia, sil., staph.,

\* Read before the Jubilee Meeting of the New York State Homeopathic Medical Society (Brooklyn), 1900.

stram., sulph., thuya, and verat. alb. Many more not so well developed might be added.

How any man in one lifetime could give even these thirty-six remedies to the world, so perfectly developed for practical application in healing the sick, is beyond my comprehension; and when it comes to doing and leaving a work that should live to bless humanity for all time to come I would rather bear the name of S. Hahnemann than that of any king (King David perhaps excepted) that ever sat upon a throne.

Then we have other very valuable remedies added by Stapf, Hering, Franz, Hartlaub, Helbig, Jeanes, Brauns, Burt, Rubini, Payne, Kitchen, Drysdale, Buckman, Schreter, Joslyn, and others.

Now we are asking ourselves, How shall we teach materia medica? In order to answer that question another question ought to precede it, viz.: How shall we *know* materia medica? for there is no system that can teach well that which we do not know.

As we go over the list of polychrest remedies at hand, who gave us most of them? and which have best stood the test "ab usu in morbis"? Unquestionably, Hahnemann.

Has any system for discovering the pathogenic and curative powers of drugs better than his yet been discovered? How did *he* impart a knowledge of his remedies to his followers? He told his followers how both to prove remedies and how to apply them to the sick for their cure in his incomparable Organon. Everyone that has read the Organon knows that Hahnemann taught to take all the symptoms in a case and apply the remedy which in its pathogenesis covered most of those in the case. Or that, in any event, the peculiar symptoms which appeared in a case should be covered by the remedy that had these symptoms as their strongest characteristic.

Here were two methods of prescribing. The success attending such prescribing was, to say the least, very gratifying, and *similia similibus curantur* became our formula.

Can we better it? I do not believe we can.

Dr. T. C. Duncan has written a very interesting article on "How to Teach Materia Medica" in the May number of the *Homeopathic Recorder*, 1900, and in the first part he asks the question,

"Shall Nash's 'Leaders in Therapeutics' be the first book?" If he had put that question to me, personally, even at the risk of being charged with egotism, I would have answered, "Yes! or Allen's 'Key Notes,' or any other man's book that would get the student to 'salting down' (for future use) in his memory the peculiar and characteristic symptoms of every medicine."

Dr. Duncan's curriculum is summed up this way: Materia medica, therapeutics, ætiology, clinical medicine.

First year, Toxic drugs: historical, cell changes, principal nationals.

Second, Physiological drugs: antidotal, bacteriology, constitutional disease.

Third, Drug outlines: keynotes, constitutinals, diagnostics.

Fourth, Drug comparisons: similitudes, exciting causes, applied medicine.

This is the arrangement he proposes, and perhaps it is as good as can be, but it seems to me that these characteristic or keynote symptoms are the backbone for prescribing purposes of our materia medica, and that giving only one place in eight to the branches comprehended under the head of materia medica and therapeutics is far too little. To be sure we must teach the toxic, physiological, and outline action of drugs, but when we come to actual prescribing, every true homeopath knows that the characteristic and peculiar symptoms, as developed in our Hahnemannian provings, must take the lead.

Why then give it so small a place in our teaching? How would I change it? I would put our keynotes, or leading verified symptoms, just as far as possible in close connection with every other teaching of materia medica and therapeutics. For instance, when I was teaching of the toxic effects of a drug like digitalis, I would teach that the slow pulse was not only characteristic of the poisonous effect, but was also characteristic for its use in the treatment of the sick. So also of the soporific effects of opium, the violent catharsis of croton tig., etc. So also of the physiological action of drugs.

I would, while teaching under any of the above-named heads, never cease to endeavor to so impress upon the student's mind the char-



acteristic symptomology of our medicines that he would never forget them.

I intimated in the beginning of this paper that I believed that the reason for the "craze" in surgery in the old school was that they were *forced in that direction* because of the inadequacy of their therapeutics.

The general toxic and physiological action of remedies is about all they teach or know, and these are placed in classes such as tonics, anti-phlogistics, sudorifics, diuretics, cathartics, etc. But you ask them to give the diagnostic shades of difference which enable us to choose between podoph., aloes, croton tig., and nat. sulph. for a case of diarrhea, and they know little or nothing about it.

Compared with our system, they have no knowledge that enables them to make the close selection of the one remedy of a class adapted to a case of disease. Now the difference between them and us is that, while they have not, we have, a materia medica, and scientific law for applying it, but are not applying ourselves as a school to so thorough an understanding of it as we should. We are not making ourselves masters of our art, but are in too many instances chasing off after other things; specialties in medicine are getting too large a place among us. Now do not understand that I ignore specialties. They have their place, and we could not get along without them, but I positively know, for instance, that much of the local treatment resorted to in affections having a constitutional origin is entirely unnecessary and very often positively injurious.

The reason of this is, I repeat, because we do not sufficiently understand our art as homeopathic physicians. It should be our pride and boast that, with our superior system of therapeutics, we are able to *cure without operation* most of the diseases which under the old school are obliged to come to the knife.

This fact once impressed upon the people will be of immense advantage to our school. More cases have died from the operation for appendicitis in the last ten years than died in fifty for the need of it. In thirty-five years of general practice I have had many cases of this disease to treat, some in which operation was pro-

nounced to be the only hope, and without operation have my first death to record. What was my remedy? I only use one remedy in all my cases. The *indicated* one, always selected in accordance with the infallible rule laid down in paragraph 153 of the Organon. (We all know what that is.)

Now let me call attention to the importance of teaching our classes comparative materia medica. More can sometimes be done by this system of teaching to impress upon the student's mind the important leading symptoms of materia medica and therapeutics than by any other.

Let me illustrate. Take the one very common symptom so often present in disease—*great restlessness*. In my "Leaders" I have called aconite, arsenicum, and rhus tox. a trio of restless remedies. Now it would be of no practical use to the prescriber to know this. Now differentiate between them.

Aconite restlessness is accompanied with *fear*, synochal fever, and pain, to which the patient is very sensitive. Fear, especially fear of death, is its leading characteristic. "Oh, I shall die!" or, if he is ashamed or unable to express it in words, he looks and acts it out. It is the fear as much as the pain that makes the patient so full of agonized restlessness. Though there may be no real danger in the case, the patient *feels* that there is.

Now the arsenic restlessness goes with extreme prostration, or reduced vitality, hence is not generally found indicated in the beginning of acute diseases, while aconite is. Rhus tox. restlessness is on account of aching pains which make him toss around or change position for the temporary relief he gets from the *movement*. Arsenic wants to move from place to place, but is *not* relieved. Neither aconite nor arsenicum gets such relief from movement, nor does rhus or arsenic *fear*, like aconite, or at least to any such degree. Aconite tosses to and fro in agony and fear, while arsenic is too weak to toss, as the anguish and restlessness would incline him to do. And so we can follow up a comparison of these three remedies until they shall so have entered into the mind of the student that he will not easily forget them.

Dr. E. A. Farrington, in the August number of the *Hahnemannian Monthly* for 1880, gave

some of the finest comparative studies in materia medica that have ever appeared in print. But they were not appreciated by the profession, and he wrote me in answer to my inquiry that they were stopped for that reason.

Since the appearance of "Leaders" I have been asked to state through journals, for the benefit of students, how I obtained my knowledge of materia medica. I think I replied in short, through the *Chironian*, that I began by reading Hempel's "Materia Medica and Therapeutics, Arranged upon a Physiologico-Pathological Basis." (The title of his first edition.) It was delightful reading and gave a sort of general knowledge of some of our remedies, and student as I was, I thought I had it about all, and felt pretty much disgusted when my classmate, M. C. Ernsberger, told me I would after all have to refer to old Jahr for practical guidance in the selection of my remedy at the bedside. Much to my chagrin I found it true.

When Hering's characteristic cards appeared I bought and studied them together with my good wife, until I knew every one of them by heart. Then I followed with Guernsey's "Key-notes," and Raue's "Therapeutic Hints," as they appeared in their works on obstetrics and pathology. And I want to say that when these three works appeared there was a forward movement along the line of successful homeopathic prescribing, which, if it had been kept up till now, would have put us as a school where no one would have ever thought of asking the question, "Is the separate existence of the homeopathic school still a necessity?" still less bringing it up for discussion in a State homeopathic society. Now, I am aware that I have not yet answered the question: How shall we teach materia medica and therapeutics? For these two subjects should never be separated so long as the physician's highest and *only* calling is to restore health to the sick, which is called healing (§1 Organon).

I will now state how I would teach.

First. I would require the student who was a candidate for graduation to pass a ninety per cent. examination on the keynote or characteristic symptoms. This would be my begin-

ning, for we must begin somewhere. I would be careful to let him understand that much remained to be learned after this that could not be compassed in his college course, and that he had now entered into a life study of a subject of the greatest possible importance.

Second. I would drill the student on comparative materia medica from a symptomological standpoint, until he became an adept, if there was such a possibility in his nature.

Third. I would try to lead him to inquire the why or wherefore of the difference between different remedies having similar symptoms. For instance, why the constipation of bryonia and nux vomica differed in this, that one was attended with frequent ineffectual desire for stool and the other with absence of it; being careful to guard him against hesitating to use the remedy on the simple indication of its presence, whether he could explain it from a physiological standpoint or not.

Finally, I would recommend him to a careful study of the principles touching this subject as laid down in the Organon.

Now this paper has, I think, the excellence, at least, of not being a very long and tiresome one. Long enough, however, I hope, to elicit some discussion on this most important subject.

I have indicated more at length in my "Leaders" (pardon the frequent allusion), at least, the way I have learned and would teach the subject and apply it.

I have referred to Dr. Duncan's article, which I repeat is a very interesting one, and well worth the careful consideration of our school. I wish to thank him for his very complimentary verdict upon my book, as he pronounces it a "fine practical work," and further to thank him, and many others, for the help they have given me by their writings.

In conclusion, I want to say that I hope to never see the time when we, as a school of medicine, will ever depart from the strict inductive method of Hahnemann.

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**Honey** as a substitute for cane sugar is suggested for overworked and feeble individuals, as more readily digested.

**CANCER.\***

By HAMILTON FISK BIGGAR, M. D., Cleveland, Ohio.

THE alarming increase in the death-rate from cancer is a sufficient reason for the medical profession to be constantly and thoroughly investigating the cause and the best treatment for this formidable, if not the most fatal of all diseases. The large number of despairing patients imploring help, and the inadequacy of the profession to relieve, have stimulated many to endeavor to find the true secret of the cause and the therapeutic means of overcoming the disease.

Deaths from cancer in England and Wales have increased from 177 per 1,000,000 in 1840, to 764 per 1,000,000 in 1896; and in the United States from 90 per 1,000,000 living in 1850, to 355 per 1,000,000 living in 1890: nearly quadrupled in 40 years. In 10 years, from 1860 to 1870, in England and Wales the ratio of deaths by cancer to all other deaths of people over thirty years of age was 1 to 29. In England and Wales there are said to be 10,000 cancers of the breast to-day.

The New York State Board of Health Report shows 3454 deaths in that State in 1895, or nearly twice as many as 10 years before. The number of deaths from cancer in the United States for the year ending May 31, 1890, was 18,536 (much below the true number, as it includes only officially reported cases, and not including sarcomas).

*Histology.*—Histologically, carcinoma is the malignant tumor of the hypoblast and epiblast. The histology and ætiology of cancer for the last fifty years have been undergoing development and changes of theory, on account of which the microscope, when depended upon alone, has led to many mistakes.

One of the chief differences in morphology between the cells of the benign and malignant tumors is that in cancer the cells do not attain maturity; and also the relative difference in size and the number of nuclei. In appearance they resemble the cells which compose their germinal layers, as in epithelioma the appearance of the cells resembles the normal epithelial cells, but, in contra-distinction, are polynucle-

ated. The elongated caudal extremity formerly supposed to be a characteristic feature of its development is the result of rapid cell growth and pressure from connective-tissue hyperplasia. The polymorphism of cancer cells is also largely due to these two forces.

The development and multiplication of cells is by indirect cell segmentation or karyokinesis, similarly to most normal tissue cells, but much more rapid, thereby resulting in imperfect development.

Pathologically, the subject of cancer has been neglected. While the pathologists have been particularly attentive to researches of inflammatory processes and infective diseases, the surgeon has accomplished incalculable progress in his aid to humanity suffering from cancerous disease; thus, our pathological knowledge is far from perfect. In the study of the ætiology of cancer innumerable attempts have been made to prove it a germ disease. An English surgeon claims to have isolated a certain intracellular body which he has successfully cultivated and inoculated into lower animals.

A morphologically specific cancer cell has not yet been found.

The theory that cancer is due to a primary inflammatory swelling pressing upon and cutting off the nerve supply to a group of cells has been advocated during the last year, but has not been sustained by pathologists. Virchow, Mueller, and Cohnheim have been instrumental in advancing and proving the theory of cell development with reference to its proper embryonic layer; and further claiming that a tumor never has its origin from mature tissue, but is always developed from a matrix of embryonic tissue. Senn amended this by stating that the embryonic cell may be the offspring of *mature* tissue that has failed in its development to a higher type, and remains latent, to become the essential starting-point of a tumor when influenced by hereditary or acquired exciting causes. There is no question but that the cancerous tumor is made up of connective-tissue hyperplasia and proliferating cells that have taken upon themselves a rapid and wild growth. But the cause of the proliferation is as yet not positively determined. There are advocated the theories of: (1) Bacterial infection, (2) Consti-

\* Surgical and Gynecological Association, 1900.



tutional inherited disease, (3) Severance from the central nerve influence, (4) Cohnheim's theory of embryonic abnormal cells stimulated into activity by irritation. Of these theories the last seems to have been the most satisfactorily proven.

*Definition.*—"A cancer is the grand type of a class called heterologous hyperplasia, characterized by a prodigiously abnormal proliferation of epithelial or connective-tissue cells, and infecting adjacent or remote tissues through the lymphatic or general circulation."

The several forms of cancer, known as epithelioma, scirrhus, celloid, encephaloid, sarcoma, and glandular carcinoma, differ only in structure, location, type of cells, and degree of degeneration. A sharp line cannot always be drawn between sarcoma and carcinoma.

A benign tumor is limited locally by its surrounding capsule. While it is of great importance to have such classifications of tumors as we have, and to know the clinical history of such a variety; it is nevertheless a fact that some of our distinguished features are but temporary conditions of a transitory period of the tumor's growth, and have a less important bearing on its morphological significance. There is no doubt but that a tumor may pass from one variety to another, *from a benign to a malignant*.

*Etiology.*—Traumatism is certainly an important and undeniable factor, *not in producing cancer*, but by stimulating a proliferation of a pre-existing matrix of embryonic tissue.

The influences predisposing to exciting causes are: (1) heredity, (2) climate, (3) age, (4) sex, (5) social status and occupation, (6) traumatism, and (7) irritation (either microbic, mechanical, or thermal); (8) inflammation, (9) contagion.

Any tissues of the body may be so weakened and their power of resisting disease lessened as to bring them to a predisposition to cancer. In this manner excessive smokers and immoderate alcohol users are fitting subjects for cancer of the rectum or sigmoid, for tobacco and alcohol seem to expend their forces on the colon. Many personal cases have proven this fact. Many references have been made to certain localities where cancer seems to be more frequent and of more rapid growth. It is said that the natives of the extreme zones, *i. e.*, the

arctic and the tropical regions, are not known to have cancer. The temperate zone is prolific of it, and especially in many localized regions.

"For many years it has been claimed that the spread of cancer is in some way related to fundamental soil conditions, that in districts in which the underlying strata are of limestone the disease is rare, but where there are water-soaked clays in the subsoil the mortality is higher.

"The disproportionate cases of cancer of the gastro-intestinal tracts in some localities have excited investigation as to the water supply being a medium of infection." The statement is made that persons with certain pigmentations of the skin and warty growths are more prone to cancer; also that cancer is found in brunettes more than in blondes in the ratio of two to one; while the red- or auburn-complexioned are almost exempt.

Vaccination may have very much to do with the increase of cancer. It is perhaps more than a coincidence that since vaccination has been made compulsory by law in England and Germany, in these two countries the ratio of increase has been very much larger. An argument of the anti-vaccinationists is that the inoculation into the human body of foreign poisons has increased the percentage of cancer patients.

Many contagious and formidable diseases have been completely stamped out or almost suppressed since the organization of national, State, and local health boards. Notwithstanding the splendid results from these watchful monitors in preventing the spread of cholera, bubonic plague, yellow fever, smallpox, diphtheria, and other serious diseases, the deaths from cancer have increased.

The manner of living, the increasing meat diet, the unhealthful and unhygienic habits of so-called higher civilization, would be more liable factors toward a predisposition.

It is asserted that the cereal- and vegetable-eating nations, like the Chinese, Japanese, and Hindoos, are less liable to cancer. A writer says that "one deplorable result of excessive meat-eating in England is the ill-temper which is a chronic moral complaint among us. In no country, I believe, is home rendered so unhappy and life made so miserable by the ill-temper of

those who are obliged to live together as in England.

"If we compare domestic life and manners in England with those of other countries where meat does not form such an integral article of diet, a notable improvement will be remarked. In less-meat-eating France urbanity is the rule of the home; in fish- and rice-eating Japan harsh words are unknown, and an exquisite politeness to one another prevails even among children who play together in the street. . . I am strongly of the opinion that the ill-temper of the English is caused in a great measure by a too abundant meat dietary. The half-oxidized products of albumen form urates and uric acid, which, circulating in the blood, produce both mental and moral disturbances."

*Diagnosis.*—Many benign tumors after recurrence are diagnosed as malignant, but the recurrence is a continuance due to either an incomplete removal, a new tumor developing in the scar, or a mistaken diagnosis primarily. This most frequently happens in condroma, myxoma, and fibroma, which from their clinical behavior, together with an occasional recurrence, have been regarded by many surgeons as semi-malignant or suspicious growths. Probably the recurrence is due to an incomplete removal and being surrounded by minute nodules, histologically of the same structure. These microscopical tumors develop into a recurring or "daughter tumor." This is no evidence of malignancy. The slow growth, the limiting capsule, the strictly local limitation of the recurrence of all benign tumors, are differential features from a rapid growth, the proliferation into adjacent tissue, the frequency of recurrence, the metastasis, and the local, regional, and general infection of cancer.

Many benign tumors become malignant by histological structure changes.

Epithelial cells buried in the scar often become epithelioma; as in carcinoma from laceration, burns, callous formations; an improperly performed trachelorrhaphy is as prone to degenerate into a cancer as is the primary scar tissue from a laceration and adenoma of the breast transformed into cancer. This is most frequent in the transformation of papilloma to carcinoma by irritation; the protecting stratum

being broken down, thereby giving the embryonic cells access to the vascular tissue. Another instance is in Paget's disease, which is an obstinate chronic eczema of the nipple and areola, benign in its incipency; but, by long-continued cell degeneration, an excitation of abnormal cell proliferation transforms the epithelia into cancer.

In diagnosis clinical history is of initial importance; the value of heredity cannot be overestimated, even back to the third or fourth generation, and even in more distant relatives. The clinical diagnosis is based upon the nature of the primitive matrix, the anatomical structure, physiological importance of the organ affected, and the relation of the tumor to the adjacent tissue.

Due allowance must be made for the patient's statement as to the length of time a tumor has existed, for on this point the patient is often ignorant.

The location of the tumor in the tissues, and the relation of the initial appearance to the skin of mucous membrane, are very necessary, as by this means the surgeon is able to trace the tumor to its matrix.

The age of the patient, though of importance, is sometimes misleading, if relied upon too implicitly. There have been several cases of carcinoma reported in young people; one a carcinoma of the rectum in a boy of eighteen years, others at the age of twenty-two, twenty-five, twenty-eight, and thirty-three, and even much younger. Emaciation and œdema of the feet and ankles, and hemorrhages, are later symptoms.

The microscope is, of course, of inestimable value, but I believe should not be relied upon alone and implicitly in forming a diagnosis. A group of cells may be obtained from one part of the tumor which shows no evidence of malignancy, and may simulate too closely for differentiation the normal-tissue cell. The microscope is an invaluable aid, but must be backed up and seconded by careful clinical and physical diagnoses, with special reference to family history, personal history, clinical symptoms, examination of the tumor, and it may be even necessary to resort to the inoculation test. Diagnosis in carcinoma of external organs

and surfaces is often easily made by inspection. On the other hand, accurate diagnosis of cancer of internal organs is sometimes impossible.

As regards sex, generally males are more predisposed by reason of their active life, which offers more opportunity to exciting causes and traumatism. The ratio is about sixty to forty of males to females in general, but in many specified forms of tumors the ratio reverses. Skin and mucons cancers predominate in males, while glandular cancers in females. Cancers of the stomach, pylorus, lip, intestine, and liver are more common in men, while women suffer most from cancers of the breast and generative organs.

Cancers are more rapid in growth than benign tumors, yet care must be taken in this respect in differentiating from infective swellings, gumma, tuberculosis, and chronic suppuration.

Pain is not such an infallible sign as formerly thought. As a rule, a benign tumor is not painful, except by pressure in particular locations or in nerves. An adenoma of the breast is more painful than a carcinoma of the same size. Some cancers of the rectum, intestines, stomach, face, and uterus are not even suspected until late in their development, or when their presence is manifested by mechanical obstruction.

Tenderness is important in diagnosing from inflammatory swellings, carcinoma as a rule being not markedly tender.

Cancer is primarily single in number, while benign tumors are often primarily multiple, are encapsulated, usually freely movable, except when anchored by a pedicle or by inflammatory adhesions. They have well-defined margins, are smooth and elastic, while carcinoma is an infiltrating tumor, and when near the surface the margins of infiltration extend into the adjacent tissues.

Fluctuation is not an important symptom, as it may be present in cystoma, pus formations, and also degenerating carcinoma.

The condition of adjacent lymphatic glands is a very important guide to diagnosis, but caution must be used in the examination, for they may be enlarged by lymphadenitis, when they are softer and less painful than in regional infection from carcinoma. When near an ulcerating

surface they will be swollen from pyogenic infection.

In syphilis and tuberculosis the glands in the remote part of the body will be involved. On the other hand, how often do we amputate the mamma for carcinoma and find auxiliary lymphatics the size of small marbles where previously it was impossible to palpate them!

Surface lesions are perhaps the most difficult for diagnosis, and it is important to obtain the history and location of the initial appearance. In cancer the development begins in the skin or mucous membrane, while in benign tumors, as syphilis, tuberculosis, actinomycosis, and ulcer, the growth is subcutaneous or submucous. Gummata of the tongue, lips, cheek, nose, and cervix are frequently mistaken for cancer, and excision results in secondary symptoms.

All authorities emphasize the importance of early diagnosis as affecting prognosis. It is most essential to ascertain the innocence or malignancy of the tumor. The progress and development of the tumor should be carefully watched, and repeated examinations, clinically and microscopically, should be made before prognosis is given.

The greatest caution should be exercised in the diagnosis. A guarded prognosis should always be given in malignant tumors. The laity regard a diagnosis of cancer as a death sentence, and great mental depression follows.

Epithelioma or squamous-celled carcinoma upon the surface begins in a small opening in the surface, such as a crack, fissure, or abrasion, giving opportunity for cell-proliferation through the membrana-propria into the subcutaneous vascular tissue. Its locality is most frequent in the lips, skin, mouth, nose, ear, vulva, prepuce, anus, and uterus. The cylindrical-celled carcinomata upon the outer surfaces have generally the same location, and resemble the squamous variety except in the shape of arrangement of cells.

Scirrhus of the mamma is the most common variety of cancer of this gland, and in differentiating from adenoma the nature and conditions of the surrounding tissues are clinically of most importance. An adenoma is circumscribed and limited, and more often freely movable. A carcinoma is infiltrated, adhesive, and early fol-



lowed by regional infection. These points of diagnosis are not always distinguishable.

Carcinoma has a benign state when extirpation means a cure; even in the malignant state cure can be effected by a thorough and complete extirpation if accomplished before local or regional infection has taken place. If operation can be accomplished at this period no local continuance is manifested, and it is a certain preventive of general dissemination. On the other hand, if the adjacent glands can be palpated as infected, the case is probably beyond the reach of radical cure, and sooner or later recurrence takes place, or by metastasis the patient develops cancer in other organs in a great majority of cases. Partial removal, where regional infection takes place, results in inflammatory stimulus and hastens development.

Many cases have resulted favorably where a mistaken diagnosis has been made, as in retention cysts, inflammatory swellings, gumma, degenerating fibroids, chronic metritis, and tuberculous ulcers.

♦ ♦

### Omnium Gatherum.

*Conium* has a peculiar giddiness, like the beginning of seasickness, which is worse when rising from a seat; and is better from closing the eyes and lying still. It has a headache like a heavy pressure on the brain from above downward, and which is aggravated by turning the eyes toward the affected side.

♦ ♦

In *sepia* there is always a sense of a lump in the stomach, says Dr. M. E. Douglass; complaints are aggravated after eating. Remember this one thing which is a keynote in *sepia*: a sensation of a ball in the inner parts; sensation as of a ball in the parts; as of a ball in the abdomen; as of a lump in the rectum, not relieved by stool.

♦ ♦

*Urtica Urens*.—For bee stings or burns the tincture *urtica urens* is highly extolled. Applying it to the stung part three or four times will prevent swelling, and almost entirely removes the pain. Compresses dipped in the tincture are a marvelous application to a burned surface.

*Passiflora*.—Dr. W. H. Jenney says that for several years he had employed almost exclusively *passiflora* in spasms of children and adults. He gave it to one child two weeks old that had been having so many spasms as almost to destroy life. Heart action and respiration not to be detected; *passiflora* proved restorative and curative.

♦ ♦

*Wyetha*.—Dr. A. H. Schott of St. Louis recommends *wyetha* in hay fever; says he has had some most excellent results. Be careful, however, that you do not give *wyetha* to a *belladonna* or a *nux vomica* case.

♦ ♦

Crawling itching over the whole body, says the *Homeopathic Envoy*, and burning of itching spots, is a strong characteristic of *thuja*. Dry cough with feeling of constriction is another strongly brought out in the provings.

♦ ♦

When a child or adult has *fits*, turn patient on *left* side and relief will always follow. And a newly born infant put on its right side.

♦ ♦

Don't use external applications to stop foot-sweats; if you do you are laying up physical trouble for the future. Homeopathic remedies are the only safe and curative ones. Look up *silicea*.

♦ ♦

*Iodide of Arsenic*.—Although the hay-fever season is over, says Dr. Chandler in *Medical Gleaner*, I would like to remind readers of a remedy that I noticed scarcely mentioned in the journals for that distressing affection. Iodide of arsenic, 3x, two or three grains every two or three hours will relieve the majority of cases readily; surely, if you find the burning, irritating character of discharges from nose, throat, or eyes, in fact the specific indications for arsenic. Catarrhal sore throats and catarrhal conditions generally will be quickly relieved by arsenic iod. 3x with these indications.

♦ ♦

*Coffee* is not only a stimulant, but it is also a food, says the *Medical Council*, and yet it is a

rank poison to some. It is a routine practice to stop tea and coffee in sickness without any regard to the necessities of the case. It is safe to follow the rule that customary stimulants should never be withdrawn except to depress the patient. Of what use is it to withdraw customary and needed coffee, thereby depressing the heart's action, which is then stimulated by whisky or some other remedy, whereas it might not be required at all if the coffee had not been withdrawn?

♦ ♦

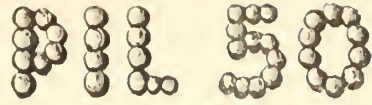
*Urotropin.*—Professor Neumeister of Kansas City finds urotropin, a Made-in-Germany salt, an absolute specific in gonorrhea. He prescribes it internally morning and night in ten-grain doses with five grains of salicylate of soda, or bicarbonate of potash, in a large glass of water, followed by another glass of water. This he does for three days; then three times daily. For local injection—merely for cleanliness—he allows the use of hydrozone, one dram to three ounces of water. As the patient improves the dose is reduced to five grains thrice daily.

♦ ♦

*Bryonia*, says the *Clinique*, also produces a very similar condition. There is constriction of the chest that the patient feels he must breathe deeply, but so doing causes pain in the chest. There are stitches in the sternal region on coughing, compelling him to hold the chest with the hands. These stitches are on the right side of the chest, compelling him to hold his breath.

♦ ♦

*Smallpox Cure.*—Here is the recipe as I have used it to cure smallpox: Sulphate of zinc, one grain; digitalis, one grain; sugar, one-half teaspoonful. Dissolve in a wineglass of soft water, or water which has been boiled and cooled. Take a teaspoonful every hour. Either smallpox or scarlet fever will disappear in twelve hours. For children the dose must be diminished according to age. If countries would compel their physicians to use this treatment there would be no need of pesthouses. If you value your life use this recipe.—*Blayer*.



### *The General Practitioner. His Qualifications.*

We want a physician who can preside gracefully and successfully at a birth. Who knows how and when to use obstetric forceps. Who knows what to do when puerperal eclampsia sets in. Who can cure child-bed fever and gathered breasts. He can tell the nurse how to dress the baby, and can do it himself when necessary. A doctor who can cure fits, ah! yes, cure fits, without taking twenty-four hours to "read up." A doctor who can cure diarrhea, dysentery, colic, cholera morbus, cholera infantum, and other summer complaints, typhoid fever, pleurisy, bronchitis, cold, fever and ague, and any other minor ills.—*Dr. W. E. Buck in Medical Arena.*

[Oh, no, we don't want much, but we want that little a good deal. We want a lawyer who can in fourteen hours of one day quote, counsel, argue, try, and win every possible form of law question that may be drummed up, from the breach-of-promise of marriage to financing a trust that does not exist! We want a doctor who has wrapped up in himself all the virtues and morality and intelligence and knowledge of his own and the other two professions; we want him and expect him to do six men's to twelve men's work and then—and then—charge for half a man—and get—a book account. No, Dr. Buck (of Kansas), your glowing words will do to enliven a half hour before a graduating class; but you are putting the goal too high and too far forward. Remember, sometimes, that not less than ninety-five per cent. of men and women take up the practice of medicine for what "there is in it" for them—in a strictly commercial sense; the other five per cent. may look upon it as a divinely instituted means of reaching heaven; but in time the emptiness of the potato bin and the oat chest will bring them back to reason. Every medical man should be an educated man; but that does not mean that none but college-bred doctors are successful. We know, all too well, that this is not so. Every medical man should be able to travel fifteen miles of a dark night with nothing but

his brain and his saddlebags and help a human being instantly, for any kind of ailment or accident from phrenitis to myxœdema. But we know that no human brain—much less the added saddlebags—can contain such an immensity of detail. The lawyer has, at last, a single case—say of a devil's lane, or a disputed seven-dollar calf. What does he do? He takes days and weeks, sometimes months, to read up on devils, and lanes, and calves, and, at last—takes the calf for his fee. But a medical man drags an old, time-stained rotten semi-millionaire from the grave, and puts his feet once more in the path of righteousness and rectitude, and then he, this medical man, charges two dollars a visit and gets—ingratitude! Let us not be too sentimental with our graduating classes. Make good doctors of them; but side by side with this professional knowledge teach them also the virtues of business methods and common sense.]

### *Some Closing Institute Reflections.*

The Monument Committee, from Dr. McClelland to the last man on the list, did well, and the glorious crowning of their work at Washington on the 21st of June must be for them evermore a source of lively satisfaction.

All hail to the Committee! Hail to Dr. Helmut! Dr. Waters, Dr. Custis, and his associates in entertainment! To the eloquent *Attorney-General*! To the *President*! And to *Samuel Hahnemann*!—*Am. Med. Monthly*.

[This entire editorial is splendid. It was one of the best which have appeared since Price used to blow the bellows. There was glory enough in the Washington meeting for all. And we especially liked this "hail" peroration. It sounds well. We know all about the Committee, and Helmut, and Custis, and his associates, and the eloquent attorney-general and the President; and something also concerning Hahnemann. But who was Dr. Waters who came in for his share of "hail"?

### *Absence of Gonococci Not Conclusive.*

The diagnosis of chronic gonorrhea in the female is based, before all else, on the presence of disease at the same time in different parts of the genital tract. Chronic urethritis is the surest sign of gonorrhea. The other affections

of the vestibule and vagina above are uncertain. Positive as is the presence of the gonococci in diagnosing gonorrhea, the absence of them is not equally negative. The main dependence of diagnosis must rest on the clinical symptoms.—*Dr. Woodward A. Carter.*

[What is this frank and scholarly statement but a confession that gonococci are not reliable straws to point the wind? If their absence is not a negation of the disease from which they receive their name, why should their presence in some cases be so positive of gonorrheal infection?]

♦ ♦

## Correspondence.

### *A Medical Study.—The Grand Army Encampment.*

CHICAGO, September 3, 1900.

THE AMERICAN HOMEOPATHIST: Last week the Grand Army of the Republic invaded Chicago 75,000 strong. The low railroad rates brought, it was computed, about 1,000,000 visitors into our streets the day of the great parade.

The medical arrangements were perfect, under Dr. T. J. Robeson as director. The staff consisted of 150 physicians, without regard to schools. The equipment consisted of a Grand Army hat with "Medical Corps" badge, a pocket case emergency package, "First help for wounds," and blanks for reports. The pocket case held eight one-dram vials and one two-dram vial. It was to the regulars a high potency case. The two outside vials were labeled "Poison," and contained morph. sulph.,  $\frac{1}{4}$  gr., and strychn. sulph.,  $\frac{1}{30}$  gr. Next came aconite tinct.,  $\frac{1}{4}$  min., arsenite copper,  $\frac{1}{100}$  gr., verat. viride, 2 min.; calomel,  $\frac{1}{4}$  gr., ferri per sulph., crude; carb. ammon., crude, and Ingluvin, which we were informed was "superior to pepsin of the hog."

Headquarters of the Medical Corps was established in a central, convenient building. On the day of the parade ambulances were stationed along the line to pick up any old soldier who might "fall by the way." The corps were kept busy that day. As you looked into the faces of these old men—gray, feeble, and decrepit—it was evident that many, in-



spired by the memory of "auld lang syne," the music and old comradeship, attempted what they were not physically equal to. Coffee was freely given, and some had tried liquors. One dropped dead on the march, others were held up by comrades, and still others were taken to "rest stations" or to the hospitals. The proportion of those who "fell out," to the forty thousand who marched, was not large. The symptoms were usually the same. The day was not very warm, but humanity packed on each side of the line ten or more deep for three miles did not help the air. The pauses were many, but the flushed face and tottering steps told of the coming climax. The tax on the heart in the enforced upright position and rapid respiration hastened the coming partial asphyxiation. Rest in the horizontal was the first step, and then water with constant sponging was usually sufficient to bring them around. Where the heart was very weak strychnine was given; some had ammonia, and a few stimulants. Five trained nurses were kept busy. Many cases were treated the day after the parade. One, a bad case of angina pectoris, was controlled by amyl nitrite after strychnine had failed to relieve the spasms and cyanosis.

The hotels were not able to hold this mass of people, and they were distributed to houses, and the old soldiers were scattered among our two hundred large, well-ventilated school buildings. This was a wise provision, as my son, Dr. Francis, who had charge of one, reported 138 soldiers with very little sickness, chiefly exhaustion. Most of the cases of alcoholic stupefaction and heat prostration were sent to the County hospital, where they were treated to cold-water baths, which soon brought them around.

The amount of alcoholic intoxication was not marked; at the reunion of my old regiment (1st Missouri Cavalry) I noticed only one among 150 men. On the march most of the old soldiers preferred coffee—an old standby. Both men and officers during the war found that the anæsthetic effects of alcohol soon made the men unfit for duty, while coffee proved the long-lasting stimulant. In this last march the drinkers suffered the most.

It is thirty-five years since the great war, and few of these veterans are under threescore

years, and are in no shape to endure a three-hours' march on a hot day. Next year they go to Denver (a mile above Chicago) where the rare air will tax the heart still more, and the problem is whether they will have another "grand parade."

The effect of music is noteworthy. Without it the steps dragged, and band music was not as effective as that of "fife and drum," which acted like a tonic, making short and quick steps. Long slow steps seemed to exhaust. The failure of these men shows first in the circulation. They are as bright mentally as ever—grand old men.

T. C. DUNCAN, M. D.

♦ ♦

### RUSSIA'S ANTI-ALCOHOL CAMPAIGN.

IT is now years since the Russian government assumed exclusive control of the manufacture and sale of alcoholic liquors. The saloon has been supplanted by the government shops, in which a guaranteed pure article is sold in a limited quantity to each customer. None is sold to those already intoxicated. These shops are located quite a distance apart and no conveniences are afforded for drinking the liquor on the premises where sold. The system is supplemented by officially appointed local committees in each large town, which are supplied with funds derived from the profits made by the government to establish attractive temperance restaurants, reading rooms, and people's palaces. They are expected to maintain a general crusade against the use of alcohol.

♦ ♦

### Globules.

Answering some inquiries put to us concerning our further reports from Europe, we beg to say that a letter written from abroad, practically reviewing the trip and closing it up, was written and mailed from London, but thus far has failed of reaching our printing-office. We may take of our busy time and rewrite the closing chapter.

We were too late in returning from Europe to give early and prompt notice to Dr. E. H. Pratt's annual course in Official Surgery. There is every reason to believe, however, that this, the fourteenth annual session, was as successful as

all the preceding classes. We have heard nothing to the contrary. We certainly wish this school and its distinguished author abundant success.

Editor Pierson of the *Hahnemannian Advocate* has heard it rumored that Drs. Biggar and Kraft have returned to the Cleveland Homeopathic College. The rumor, however, is false, for neither Dr. Biggar nor Dr. Kraft has returned to the Cleveland College. Let us ask, for a moment, where Editor Pierson is going to arrive if he persists in his present unbridled course? Has anyone noticed his dabbling in psychology and uncanny things of that kind? They are not safe, Bro. Pierson. Full many a good man has gone wrong and been eternally punctured on any one of these psychological tangents. Better stay with the lowly herd of just plain every-day medical doctors, who treat the physical structure as the basis of all illness, with no unnecessary unmindfulness of the action which the mind is said to have upon that body. But first the physical body. First the boiler, then the steam.

Another fad of recent date is the administration of pure sand to dyspeptics. It is advised that six five-grain capsules of sand be administered with each meal.—*Pac. Coast J.*

[A gentleman in Cleveland, whose legitimate business until recently was the building and putting up of slat fences interwoven with wire, has put himself upon the market and the prominent street corners with large posters advertising his dyspepsia cure. This, we are told, consists of sand and charcoal. A physician, studying the action of sand a trifle coarse, upon the mucous membrane, might find some hesitation in recommending this dyspepsia cure; for, in the learnedness of the poor, easily-frightened laity, what is to keep this sifting and insoluble sand from finding its way into that awful two-hundred-dollar-operation trap, the appendix!]

Dr. Emanuel Griveaud, one of the oldest physicians of St. Louis, Mo., and a most estimable man, died at his home, on July 26, 1900, from heart failure.

[We also had a brief knowledge of this estimable gentleman. Our last year at the Homeopathic of Missouri was enlightened, and on several occasions enlivened, by Professor Griveaud, who held a nominal place as professor of chemistry that year. That he was doubtlessly thorough in his specialty goes without much saying. But that he was a homeopath or that he practiced so does not go even with saying. He was a good man, though an exceedingly eccentric doctor.]

*The Monthly American Review of Reviews.* As a lover of this excellent magazine we have

always been glad to recommend it to our readers and to our non-medical friends. But the experience of the past month, after an absence of two months in Europe, in trying to pick up the thread of affairs in American progress will ever endear this magazine to us. It was with no little satisfaction that we began with the July and within a day or two closed with the current (October) number; and now we feel that we are again equal to the situation. No one who has not been cut off from the United States for two months can appreciate the difficult task of catching up with the trend of public matters which have held the boards during his vacation in exile. To attempt this feat by reading over the newspapers for that period of time would be exceedingly tedious, and (what is more to the point) profitless. For we all know, lovers as we are as a nation of the newspapers, that we cannot take everything printed each morning for truth. The newspaper is the creation of twenty-four hours of high pressure to bring things done, undone, and thought of to the next morning's breakfast table. In that intense heat and hurry there is no time to verify the news-matter sent in from all quarters of the globe. Therefore an honest reader keeps his salt-cellar close at his elbow when reading large headlines and sensational news. We have a recent instance in the canard-statement of the \$150,000 bribe to Mr. Bryan. We had it in the reported massacre of all the ministers in Peking. And so instances might be multiplied to infinity. But all this is avoided in this *Review of Reviews* journal. Here a careful hand is always visible in the placing of news items. And it dares to give both sides of the controversy. Take the last issue, with its carefully prepared papers pro and con on the trust question, its paper on the probable change which Mr. Bryan would introduce into the Philippine question were he to come to be our chief executive. These are burning questions, and even the most partisan of partisans wants to hear a little of the other fellow's argument once in a while. It is a wonderfully well edited and conducted monthly magazine. Get a copy the next time you have a long railway ride before you, and see if it does not keep you employed, and agreeably so. You cannot well get up from an hour's perusal of any of its numbers without having picked up a good many ideas of value.

#### The American Homeopathist.

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A. L. CHATTERTON & CO., Publishers.

# The American Homeopathist.

NOVEMBER 15, 1900.

FRANK KRAFT, M. D., CLEVELAND, OHIO, EDITOR.

## OUR PORTRAITS.



GEORGE M. DILLOW, M. D.,  
New York.

CONCERNING subdural anæsthesia the *Critique* writes quoting Tuffier, who had operated sixty-three times without any untoward symptoms. His cases included operations upon the legs, rectum, perineum, abdomen, and genito-urinary organs of both sexes. In every case the anæsthesia was complete in from four to ten minutes and lasted from thirty minutes to one hour and a half. A two per cent. solution of cocaine was found sufficient, using from seven to thirty drops injected through the space between the fourth and fifth lumbar vertebræ. After-effects are trivial and of short duration.

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TO a new disease termed by it "Americanitis" the *Clinique* gives its attention and reads a good lesson under this peculiar title to the ever rushing of the American, whether at work or at play. It condemns especially the methods in use for taking a vacation, which lack the element of rest and recreation. The pace is too hot and too fast. Must stop and take things a little easier.

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\* \*

THE *Medical Century* gives a beautiful obituary editorial of Scott B. Parsons, M. D., recently deceased at St. Louis. In all that the *Century* says about this noble man we fully and most heartily concur. Scott Parsons was our personal friend and teacher. He stood at our side in the dark days of our beginning practice, and, but for his kindly advice and encouragement, we might have been added to that great army of medical graduates who never are heard of after the graduation. Dr. Fisher's tribute to Dr. Scott Parsons is a masterpiece of English diction. And for once an obituary is not a falsehood.

ON the topic of "The Size of the American Family" the Syracuse *Clinic* has something special to say. The editor quotes from several journals in support of his position: that the American people is rapidly dying out because of the foolish American woman who prefers barrenness and society conveniences to a loving family with helpers and care-sharers. The object is one which ought to reach the heart of every true American; for the evil is very apparent and dangerous. And this unhappy tendency to unmotherhood, no one knows better than the members of our profession. Can we not help to stem this tide of annihilation?



ITS first editorial on "Non Drug Treatment" is handled in a spirit of fairness—for which the *Eclectic Medical Gleaner* is always noted. Dr. Cooper reviews the several alleged systems of treatment now the vogue and gives to each its appropriate value. He says of osteopathy that it is a one idea-ism, but it has made some wonderful cures. If every physician could or would add a knowledge of osteopathy to his other acquirements, it would doubtlessly stand him in good stead many and many a time. A true physician must be a good all-around man, he says. The time will never come, however, when all drugs can be laid aside in the treatment of the sick.

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WITH much acerbity, but exact justice, the *Medical Examiner and Practitioner* reviews the remarks made by a certain eminent, but unnamed, New York physician at Paris in relation to the conduct of medical journals. He, this physician, charged in words and effect that the editor is practically a nonentity, that the publishers and the advertisers make that journal a possibility. This speaker referred to the more than three hundred journals in the United States which he wanted condensed to forty. We agree with the declaration that the editors of the better class of journals absolutely control even the advertisements appearing in their pages. And while advertisements may appear which seem at variance with the editorial utterances, they are so used only because of a business policy which views their insertion as harmless. The AMERICAN HOMEOPATHIST could have its pages filled with well paying ads. if it would give way to all, as some large advertisers know who fail on application to get our rates. Very few journals of any reputation would dare to override the editor. As a rule his salary is paid him in reputation and admiration—or the contrary; but it is because of this that he is able to hold his readers. That there are many medical journals which are a disgrace to us goes without much saying. But they never carry the name of a prominent man, or one noted for his opinions, on their cover pages. They are printers' or pharmaceutical, or college circulars and nothing more.

## Materia Medica Miscellany.

Conducted by J. WILFORD ALLEN, M. D., 110 West 12th Street, New York.

References in this department are made by number. See issue of January 1 or December 15 of each year.

### *Chelidonium in Diseases of the Liver.*

A. L. Blackwood<sup>3</sup> notes its marked influence on the liver, lungs, kidneys, and digestive organs. The patient is depressed in spirits, forgets what he wants to do, or has done. He has a headache which at times is frontal, again it extends from the nape of the neck to the occiput, being violent and throbbing in character, is worse on the right side, compelling the patient to draw up the shoulders, carry the head back, and step lightly. The complexion is yellow, as if jaundiced. The tongue is coated in the morning with a gray thick coating, that can be partially rubbed off. Nausea, with inclination to vomit, is present much of the time. The patient desires milk to drink and has longing for wine, which relieves the abdominal pain. The liver is congested, sensitive to pressure, and there is a pain under the inferior angle of the right scapula. This remedy is frequently of service in congestion and inflammation of the liver and jaundice dependent upon acute or chronic hepatitis, catarrh of the biliary ducts, gallstones, and pneumonia.

### *Disease of the Breast and Nipple.*

J. N. Reynolds.<sup>16</sup> "Phytolacca 6x. This is the first remedy on the list. Mind\*symptoms: entire indifference to life and disgust to the affairs of the day; breast painful and very much engorged, pain goes from the nipple over the body; drawing of the milk is impossible, and later on the breast may assume a purplish hue.

"Bryonia 6x.—Mental symptoms: lowness of spirits, fears, apprehensions, anxiety, desire for things which do not exist or no longer cared for when offered; breast is hot, painful, and hard; a sick feeling on moving about or sitting up; thirst for large quantities of water; constipation; lips rough and dry.

"Belladonna 6x.—Frequent moaning without

knowing why; uneasiness, changes from one place to another; irritable mood; breast swollen, glossy, hard, and heavy; severe sticking and tearing pain; red streaks running from a central point; throbbing of breast; fever, with starting in sleep.

"Hepar sulphur 6x.—Hypochondriac; sad mood for hours, the slightest cause irritates her; dejected, especially in the evening; breasts tend to suppuration or after suppuration has begun, with scanty discharge; women with unhealthy skin; burning and throbbing in the breast, especially at night."

[One of the best remedies we have ever used in these conditions is phosphorus 6x, and many a time it will prevent suppuration. We believe that every case of mammary abscess is due to infection during the lying-in, and this should be looked after. When the woman begins to complain of pain and tenderness in the breast the attendant should examine the genitalia, to be sure that everything is all right. Then, if the nipples are kept in good condition, there will be no trouble.—Editor<sup>17</sup>.]

### *Calcarea Fluorica.*

Boger in Medical Advance says this remedy is certainly one of unsurpassed power. "It has been my fortune to use it with signal success in two cases during the past year. The first was diagnosed by an allopathic surgeon as a tubercular gland. It was larger than an old-fashioned teacup and situated over the right pectoralis major muscle, being of extreme hardness. The father of this young lady died of pulmonary consumption during the year, and this, coupled with her appearance, doubtless led to the diagnosis of tubercular adenitis. At all events, she is now in blooming health, has gained largely in flesh, and the gland has almost disappeared, being only about as large as an almond. The second case was one of periostitis of the right lower jaw, which had resulted in a fistula behind the angle and infection of a chain of the anterior cervical glands. This had followed the incomplete removal of a tooth by a country doctor. The surrounding parts were swollen into a board-like hardness. The patient had been in bed for over three weeks, and was utterly prostrated, particularly by the profuse flow of pus from the

parts. I have never seen a more beautiful and convincing action of a homeopathic remedy than this case showed. In a little over two weeks the patient walked into my office, and in six weeks the recovery was complete. Such things should convince the vilest skeptic, but too many allopaths are drunk with their own conceit, and, like other persons of our acquaintance, don't want to be cured."

♦ ♦

### *THE TREATMENT OF CANCER.*

By HAMILTON FISK BIGGAR, M. D., Cleveland, Ohio.

TREATMENT of cancer may be divided into (1) medical, (2) surgical, (3) palliative.

For the medical treatment many drugs have been advocated as preventives against recurrence after operations. Arsenic has had many admirers. Salts of gold, copper, barium, iodium, iron, conium, mercury, and aluminum, all have been tried and advocated, not only as preventives against the recurrence, but also in the cure of the primary disease. Latterly the animal derivative, such as the desiccated, mammary, thyroid and ovarian glands have been thoroughly tried. There have been many brilliant reports of cures by medication, but the time limit (three years) has not yet proven their adequacy.

A very important feature of the medical treatment is the building up of the system to fortify it against the invasion of the disease. In this respect nucleinic acid and the tonic arsenates have been most valuable. The combination of red iodide of mercury with the iodide of potash has been of great service when syphilis is a factor.

In the last few years the toxin treatment has been lauded, but the necessary time period has not yet elapsed to prove its efficiency. Some authorities report wonderful cures, more especially in sarcoma of the round- or spindle-celled variety, by the injection of the toxins of the erysipelas streptococcus, either alone or with the bacillus prodigiosus; while, on the other hand, many cases of the giant-celled variety have not been benefited by its use. Probably the method of administering these antagonistic poisons has not been sufficiently perfected.

According to the theory of a recent investi-

gator, each cancer has an associated individual virus, and the ordinary serum treatment will fail unless accompanied by its own virus, hence the administration of this virus requires careful pathological diagnosis and a skillful exhibition of the serum. The essential features of this treatment are: The toxin is self-manufactured and thereby is effected a thorough elimination of all poisons and impure products. The method of manufacture consists of progressive trituration with pure vegetable glycerin of cancer juice and detritus obtained from curetting a thoroughly cleansed cancer. This antitoxin is reduced to a medicinal strength for given cases. The dose is five drops of the proper attenuation, by mouth, two or three times a day, continued for months. The results so far have been a palliation of symptoms and apparent cures.

Another has carried on a line of work in the direction of treating cancer by cataphoric electrolysis. The reports are very favorable, as far as we can judge from recent cases. The method is to disseminate through the tissues the nascent mercuric and zinc salts, such as the oxychlorides, the action of the salts being the destruction of only the diseased tissues. The *modus operandi* is to introduce into the cancerous mass a gold cannula loaded with liquid mercury; by connecting this to the negative pole of a galvanic battery and the other pole to a clay bed, upon which the patient lies, under general anæsthesia, this diffuses the salts of mercury into the remotest infiltrated tissues. From a late report twenty-six cases have been operated upon; sixteen of these were inoperable, of which two were cured and one probably cured; of the ten operable cases but one failure occurred. The time limit has not yet elapsed, so that we cannot judge accurately of the radical curative virtues of this or the preceding method.

The caustic action of the Roentgen ray has been claimed to cure cancer of the skin, but it has not yet been demonstrated that the penetration is deep enough to prevent a recurrence.

Among the remedies that have been most beneficial are: thuja for uterine cancer, using it both locally and internally; conium for mammary disease; arsenic for skin cancer; phy-

tolacca and hydrastis for cancer of the stomach, assisted by lavage with solution of same.

Chian turpentine in solution of ether and gum tragacantha as follows: Chian turpentine 2 drams, ether 2 drams, add one quart of emulsion gum tragacantha. Sig. One teaspoonful three to nine times a day. Calcareo fluorium is very valuable for malignant growths.

Michel's paste consists of asbestos, finely powdered by rubbing and saturated to a paste with strong sulphuric acid. When applied to cutaneous cancer the escharotic causes a shedding of the tumor with a watery exudate. It must be reapplied every twelve or fourteen hours till healthy tissue is reached. Potassium hydrate is very thorough and most curative for epithelial cancer. Carbon bisulphide in 2-gr. doses has been lauded in cancer of the stomach, but its apparent temporary effect may be due entirely to its anæsthetic properties.

Another formula is:

R Arsenious acid . . . . . gm. i (gr. xv.)  
 Ethylic absolute }  
 Alcohol } ãã...gm. 75 (oz. ii. to dr. ivss.)  
 Distilled water }  
 M. Sig. Apply.

The formula for Marsden's Paste is:

R Arsenious acid . . . . . dr. ij.  
 Mucilage of gum acacia . . . . . f. dr. i.  
 Sig. Apply to the cancer, providing space does not exceed one square inch in size.

Injections of aseptolin have been beneficial where the disease has been complicated with tuberculosis.

Palliative measures consist merely in giving the patient a comfortable longer lease of life. This can be done by thorough cleansing, applying antiseptics, protecting from irritation and pyogenic infection, anodynes and deodorants such as chlorin, bromin, thymol, carbolic acid, myrrh, permanganate of potash, acetate of aluminum, and saturated solution of chlorinate of soda.

*Surgical.*—Radical operation means the entire extirpation of the tumor when not regionally infected. The so-called cures by ligation, galvano-puncture, electricity, injection, the cautery either actual or chemical, escharotic pastes of arsenic, zinc, potash, carbolic and chromic acids, are merely palliative measures.



In radical operations the adjacent lymphatics should always be removed. Where it is possible the gland should be dissected out as far from the cancer as is practical, whether they show signs of infection or not, for the lymphatics may be loaded with the germ-cells even before the lymph nodes are enlarged. In support of this theory the two pectoral muscles should be removed in amputation of the breasts. The lengthening of the operation and the slight incommodity in the use of the arm are not to be considered with the great advantage of a radical cure.

Every tumor of the breast in a woman over thirty-four must be regarded with suspicion, and even treated as malignant unless absolutely proven as benign.

In mammary cases it is best to begin in the axilla and clean out the adjacent spaces, together with the heads of the two pectorals, before excising the cancer. By this means we avoid cutting from cancerous to normal tissue. "In all operations on cancer it is very important to avoid cutting from infected tissue to healthy tissue. Work from the suburbs toward the citadel of the disease. If the lymphatics leading from cancerous tissue are cut, the cancer cells which may be in the ducts are disseminated into healthy tissue. This is undoubtedly a factor of continuance of the disease."

Some of the foreign surgeons have not yet admitted the advisability of the "complete" operation for carcinoma of the breast, but if statistics prove anything it will be shown that where ten or fifteen years ago sixty per cent. recurred, recently we have been given a series of cases by the radical method with but six per cent. of recurrence.

When the skin is involved it should be sacrificed generously; cosmetic results should never be respected. In a radical operation a cancer can never be enucleated, for there is no limiting capsule and the cancerous tissue is proliferated into adjacent parts.

The technic of operating depends, of course, on the location and character of the tumor. In plastic operations incisions must be selected according to the nature and conditions of the tissues.

In the amputation of the breast I prefer a

method similar to Halsted and Meyer's operation, by beginning the incision over the head of the humerus and down the arm, over the deltoid muscle, extirpating the glands first. The advantages of this are: (1) a thorough inspection of the axillary and Mohrenheim spaces; (2) a thorough control of bleeding, and (3) the resulting scar does not impede the motion of the arm.

In hysterectomies I have adopted the combined vaginal and abdominal method. This gives an opportunity for more thorough inspection and examination of the sacral glands. A circular incision is made with the Pacquelin cautery, loosening the vaginal tissues from the cervix. The abdomen is then opened and the broad ligament incised through the posterior cul-de-sac. The bladder is then separated by an anterior incision, and the blood supply is ligated in continuity with a continuous running stitch, bringing both folds of the broad ligament together and procuring peritoneal covering for all cut surfaces. The abdomen is closed by the three-layer method and the operation completed by closing the vaginal tissues. In closing the peritoneum by a puckering string of catgut, an absolutely smooth internal surface is produced and a broader base of union than by a linear suture.

"The most recent researches in regard to carcinoma uteri tend to conservatism. The extensive operations of the Germans, who have recently practiced the high amputation of the ureters in the vaginal hysterectomies for malignancy, and the partial removal of the bladder or the removal of the bladder and transplanting of the ureters into the rectum, have not been too successful, for, in their efforts to get beyond the zone of invasion, their efforts have been followed by a continuance of the disease, or, as some would say, a recurrence, which is a misnomer for continuance. The benefit of the radical operation in carcinoma of the uterus has been reached, when the disease is limited to the cervix and not spread so extensively into the broad ligaments that a radical operation is contra-indicated; that is, the total removal of the uterus, broad ligaments, and the pelvic lymph glands. If there are indications in the broad ligaments and pelvic lymph glands, then at best

only a palliative operation can be performed, and then vaginal hysterectomy."

Kraske's operation for cancers of the rectum, where the bowel may be opened and sutured to the skin above the disease, has been of great benefit in making the patient more comfortable and prolonging life.

In cancer of the stomach ninety-nine per cent. of surgical interventions are fatal. The reason for this is that the disease is not noticed early enough to assure a radical operation. The future treatment of this class will not be surgical. A palpable tumor of the stomach is beyond the hope of a radical operation.

Gastric curettage is yet on trial; so far it has not been successful. The use of the gastroscope is considered dangerous and unsatisfactory.

The most reliable diagnostic test for cancer of the stomach is the absence of hydrochloric acid after the stomach has acted for one hour on a dry roll and a half-pint of water. If a few drops of the gastric filtrate be added to a few drops of Gunzburg's reagent (phloroglucin gtt. xxx., vanillin gtt. xv., absolute alcohol one ounce) it will detect the presence of hydrochloric acid, even when diluted to five-hundredths of one per cent.

The X-Ray test for diagnosis for stomach cancer has not been of any assistance.

*Diet and Hygienic Treatment.*—After an experience with a large number of cancer patients I have found it most important in post-operative treatment, and also in treatment of non-surgical cases, to regulate the diet; especially avoiding cold drinks, red meats, and starchy vegetables. A better diet is that of the cereals, green vegetables, and fruits, and occasionally white meats.

The body must be kept warm and the skin active by daily baths, even sunbaths. Missisquoi water, better hot, is the very best for drinking, on account of its large percentage of calcaria. Regarding the diet as favoring the development of cancer, it has been shown that heavy meat-eaters are predisposed. Within the last fifty years in England the increase of beef consumed to each person has been over fifty per cent.

Better results are always obtained where the knife is used early, and where medication follows up operation.

#### SUMMARY.

(1) The true ætiology of cancer is still theoretical: the theory best supported is that of Cohnheim, viz., an imperfectly developed embryonic cell, stimulated into activity and rapid development and proliferation by an exciting cause.

(2) Cancers *simulate* constitutional disease, in that the so-called pre-cancerous stage is a condition of the constitution, when the system is debilitated and in such a state of low resistance that any exciting cause can easily stimulate it to activity whatever latent abnormal cells there may be.

(3) It is a fact that tumors are transformed from a benign to a malignant state by a change in cell formation and distribution.

(4) A radical cure depends absolutely upon the extirpation of the tumor before infection has occurred into tissues surrounding that cannot be removed.

(5) A radical operation is contra-indicated in: (a) extreme old age, (b) extensive local infection, (c) regional infection beyond the limits of entire and complete extirpation, (d) general infection.

(6) At present there is no known drug, medicine, animal extract, serum, or toxin that is a specific in the cure of cancer, though many of these remedies are essential and necessary as systemic tonics after surgical measures; the surgeon should also be a medical man, for the knife is not the only agent in the treatment of cancer.

(7) Certain caustics skillfully chosen and applied can, many times, cure in certain regions of cutaneous disease where the knife is not indicated.

(8) In some cases caustics should follow the knife.

(9) When the lymphatics are invaded the caustics are valueless.

(10) Some of the causes of the rapidly increasing mortality are: (a) mistaken diagnosis, (b) secrecy, concealment, and false modesty of the patient, (c) a doubt of the efficacy of, and the dread of surgery, (d) procrastination by the general practitioner.

**MATERIA MEDICA QUESTIONS.**

By E. FORNIAS, M. D., Philadelphia.

Give the paralysis of baryta carb.

General paralysis of old people, with loss of memory, childishness, and trembling of limbs; after apoplexy. Paralysis of the tongue; loss of speech (caust.). Saliva runs out of the mouth while asleep, at daybreak. Especially in drunkards who suffer from fatty changes in blood vessels.

Give the renal symptoms of plumbum.

Albuminous. It causes contractions of kidneys. Also favors the deposit of urates. Urine high-colored and fetid; in drops. Dribbles, from atony of bladder. Strangury. Testicles drawn up; feel constricted. Back-ache, better by bending forward or backward and by hard pressure. Abdomen painful; drawn toward spine.

Give the use of gelsemium in labor.

During parturition no signs of labor-pains. The patient is drowsy. During pregnancy the muscles will not obey the will. Sharp, cutting labor-pains, extend to back and hips. Uterus seems to rise instead of falling. Labor delayed from rigid os (bell.).

Give the rheumatism of ledum and kalmia.

Ledum: rheumatism and gout of small joints; the pains travel upward and are worse from warmth. Kalmia: tearing pains down the legs, without swelling, but great weakness.

Give the remittent fever of gelsemium.

Remittent type of fever. Bilious symptoms. Constipation, with yellow tinge of skin; tongue dirty-yellow with red edges; stools cream-color. Drowsy. Pulse full, but flows softly. Drooping of upper eyelids, feel heavy as lead.

Give the diarrhea of gelsemium.

Diarrhea following some ordeal through which the person has to pass; tongue white or yellow. Also from emotion.

What is the antidote of kali brom. and mercury? Hepar.

What does hepar antidote?

All metals, especially mercury and iod. of potash.

Give the neuralgia of hepar.

Neuralgia of various forms, worse in open air or from least exposure, or dry, cold winds.

Neuralgia of right side of face after failure of belladonna. Parts sensitive to touch.

Give the dysentery of mercury.

Cutting, griping, and stabbing pains, worse at night. Stools greenish, acrid, slimy, and bloody. Tenesmus, continuing after stools. A never-done feeling, followed by chilliness and faintness and trembling.

Give the mental symptoms of platinum.

Distressing anxiety. Death seems impending. Dread of death; the anxiety followed by haughtiness. Self-exalted; followed by hunger. She looks down on those around. Objects appear small in size. Mania of grandeur.

Give the catarrhal symptoms of kali bich.

Mucous secretions, tenacious, tough, can be drawn into long strings. Discharge of tough, green masses or hard plugs from nose and through post nares. Sneezing A. M. or on going into open air.

Give the action of opium on the brain.

The imagination is pleasurably excited. Hallucinations. Transitory state of excitement, giving way to languor. Drowsy state. Easily aroused, but drops quickly to sleep again. Sleep approaches more and more absolute coma. Reflex action diminished. Pupils contracted and don't react to light. Muscles become relaxed. Stertorous breathing, mouth open, eyes red, face grows dark-red, more and more suffused. Surface of body bathed in cold sweat. Lower jaw drops, pulse rapid and weak. Passive congestion of brain.

Give the cholera infantum of opium.

Child hot, and deep sleep; pupils sluggish; no signs of vomiting or movement of bowels. Dwindling away of body and stupor. Opium causes a general atrophy, and child looks dried up, mummied, or as an exhumed corpse. Extreme exhaustion.

Give blepharitis of mercury.

Eyelids inflamed; thin, acrid pus; eyes worse from heat of bed and glare of fire. Excoriating lachrymation.



*CONFEDERATE DIETETICS.*

By KIN. J. H. McNALLY, Nashville, Tenn.

THE doctors, I believe, are wont to attribute many of the ills of mortal flesh to over-eating. So they are apt to limit the rations as the best preventive or remedy for disease.

Dieting is the hardest prescription for a hearty or a morbid appetite to observe. And the physician often welcomes conditions which enforce his regimen.

For at least three years of our Civil War our circumstances were exceedingly favorable to strictness of diet. While there was no variety in our bill of fare, its scantiness did not allow overloading of the stomach.

I remember one case at Port Hudson, La., in which the quantity and quality of the ration was expressively described. The poor fellow who had only had tea and rice grumbled out his disgust, "Doctor, I would just as soon lie on my back and let the moon shine in my mouth."

But there were examples where the starveling made up for deficiencies. In my regiment was one soldier, lean, lank, cadaverous, and always hungry, who declared that he could eat ten men's rations at one meal. So ten of us determined to test him. We gave him our rations, consisting of nearly half a pound of bacon and three small pones of corn bread to each man. Our hungry friend took part of the meal and made over a quart of meal coffee. He then fried the bacon, and put the bread into the grease with water, making a mess known as "cush," or "puppy feed." We all stood by and watched him until he had eaten the last particle, when one turned aside with "Well! May the Lord have mercy on your greedy soul, for you'll be in heaven or hell by morning." But he remained on earth, and was a good soldier.

On one of our campaigns a mess of six of us bought one-fourth of a large, fat sheep. We had lived on bacon so long that fresh meat was a luxury. We devoured that mutton, over twenty pounds, at one sitting, so that there wasn't a grease spot left.

I was in the rear guard which covered Hood's retreat out of Tennessee. It was fight all day

and run all night. For seventy-two hours I did not eat a bite. When we got across the Tennessee River we received three days' rations of beef and corn bread, and I at once sat down and ate every particle of mine.

The constant exercise I suppose helped digestion. But hunger seemed to strengthen the men's fighting qualities. It was told of Stonewall Jackson that in 1862 he had halted his army for a rest. He was lying under a tree when a courier dashed up to say that the Federals were only a few miles away. With perfect coolness he asked, "Have they any cattle with them?" The reply was: "Yes, droves; and a long wagon train of provisions." Then said he, "Let them come on at once; my men can whip anything that carries something to eat."

Sometimes we resorted to various expedients to eke out our bill of fare. My own experiment with young beech leaves cooked for greens, or "sallit," as the boys called it, was not a brilliant success.

Also my attempt to make coffee out of parched white oak acorns only ended in puckering my lips into whistling shape for twenty-four hours.

When young onions came to us at Port Hudson it was like a rare blessing. By the way, one use I made of them was medicinal. Numbers of the men had laryngitis. It was impossible to reach the seat of the trouble with a gargle. I beat up raw onions, and put them in the hollow of the throat below the Adam's apple. Soon the taste of onions was strong, and they soothed and healed. I found that the monotony of our diet became very irksome, and while we were on the campaign from Dalton to Atlanta General Johnson for a while had rations of vegetables issued two or three times a week, which placed him in all hearts not only as great general, but a "good provider."

When I came home my memory of some of the messes I had concocted during the war came over me so vividly that I longed to try them again. So I went to the kitchen and with my own hands prepared the "savory pottage." But alas! my taste had degenerated; I couldn't eat it. So I gave it to the dog, and lo! he couldn't eat it either.

# THE MEDICAL LIBRARY.

## Ulcer of the Stomach and Duodenum, and Its Consequences.

The morbid condition known as ulcer of the stomach is so frequently met with and its diagnosis and treatment present so many points of doubt and difficulty that a monograph on the subject from such a well-known authority on diseases of the digestive tract as Dr. Samuel Fenwick and his son W. S. will be sure of a welcome.

The authors have taken considerable pains in the elaboration of their conclusions respecting the morbid anatomy; the material was derived from the post-mortem records of 1015 cases of ulcer of the stomach and of 130 cases of ulcer of the duodenum. In order to avoid the errors that are apt to arise from the collection of isolated examples of the disease, the authors wisely confined themselves to the records of hospital cases. One of the principal features of the analysis of the cases is the distinction which is made between the acute and chronic forms of the complaint as regards their origin, appearances, and modes of termination. Some of the points drawn attention to in this respect are interesting. For instance, the relative frequency of acute and chronic ulcers in different regions of the stomach. Out of 39 cases of acute ulcers 13 (33.3 per cent.) occurred in the pyloric zone, whilst out of 70 cases of chronic ulcers no less than 53 (75.7 per cent.) were found in that region.

Considering the wide area of destruction wrought by a chronic ulcer and the extreme vascularity of the stomach, it seems surprising at first sight that only about 18 per cent. of the fatal cases die from hemorrhage. The authors therefore remind the reader that not only is liability to bleeding minimized to a great extent by obliterative inflammation and thrombosis of the vessels in the immediate neighborhood of the disease, but that any rent in their walls is rapidly closed by the contraction of the muscular coat and the coagulation of the blood at the seat of puncture. It is probable, therefore, that in every case of fatal hemorrhage one or more of the following conditions will be present: (1) non-obliteration of the vessel previously to its erosion, (2) insufficient contractility of its muscular coat, (3) deficient coagulation of the blood, and (4) an abnormally high tension in the arterial or venous system of the organ.

The pathogenesis of ulcer of the stomach has always been open to doubt. Many theories have been from time to time advanced, but no single one has been universally accepted, and the remark of the late Dr. H. Gaven Sutton will probably commend itself to the majority of practitioners: "When asked, 'What is the cause of simple ulcer of the stomach?' say, 'I don't know.'" The authors of the work under consideration enter fully into the many views which have been expressed, for there are few subjects in pathology that have given rise to more discussion than the mode of production of a gastric ulcer; and finally they state that, although our knowledge concerning the causation of gastric ulcer is still very imperfect, certain facts warrant us in coming to the following conclusions: An acute ulcer of the stomach or duodenum may either appear as a primary affection or develop during the course of some organic or constitutional affection. Acute primary ulceration often commences as a hemorrhage into the inner coats of the stomach during the hyperæmia which takes place at each menstrual epoch and under other conditions. Chronic ulcer of the stomach or duodenum may follow the acute disease in young women or commence by the superficial digestion of a portion of the mucous membrane, where vitality has been diminished by certain conditions, such as obliteration of a nutrient vessel by atheromatous, fatty, lardaceous, or syphilitic disease, chronic inflammation of the mucous and submucous tissues, local anæmia of the gastric wall from pressure, or fibroid or fatty degeneration of the mucous membrane such as occurs spontaneously after the age of forty years.

The separation of gastric ulcer into two varieties—acute and chronic—is certainly to be commended, as without this classification confusion has arisen in differentiating many clinical varieties of the complaint according to the exceptional prominence of some particular symptom. If this pathological basis be accepted the clinical subdivision is unnecessary.

The surgical treatment of perforation has been frequently carried out, and the authors have collected the statistics of a large number of cases so treated. The results show that the operation depends for its success or failure upon three factors: (1) The time which is permitted to elapse between the occurrence of the perforation and the performance of laparot-

only. The earlier the operation is performed the greater will be the chance of its success.

(2) The treatment of the hole in the stomach—it is absolutely necessary that the perforation should be closed. (3) The care with which the peritoneum is cleansed. After a careful study of the reported cases the authors believe that in course of time the early performance of laparotomy, combined with skillful closure of the perforation and thorough cleansing of the peritoneum, will render the surgical treatment of perforated gastric ulcer one of the most successful operations of its kind.

Respecting the symptomatology of the ordinary chronic ulcer five varieties are differentiated. The classification is based on clinical grounds, according to the special predominance of some particular symptom such as pain, vomiting, dyspepsia, hemorrhage, and cachexia.

The final portion of the volume is devoted to the different sequelæ of ulceration. In most text-books these have hitherto received less notice than they deserve. Special attention is directed to the effects of perigastric adhesions, to the deformities of the stomach that ensue from the cicatrization of the ulcer, and to the various internal fistulæ.

With regard to hypersecretion the belief is expressed that the excessive secretion of gastric juice is only a reflex result of the irritation produced by the presence of the ulcer, and reasons are given for believing that the so-called "disease of Reichmann," or gastro-succhorrhea, instead of being a primary functional disorder of the stomach, is merely a consequence of the retention of the gastric contents in certain forms of pyloric obstruction. The arguments adduced in favor of this view are sound, and we believe the authors' theory to be the correct one.

#### **Darwin And Darwinism.**

Dr. Alexander's book may be described as an attempt at destructive criticism, while offering little in the way of suggestion. It is an attempt to belittle Darwin, because an epoch-making book such as the "Origin of Species" was not in every detail final and complete. As a matter of fact, Darwin himself repeatedly made this remark after he had weighed the criticism and suggestions which it evolved. Dr. Alexander is evidently widely read in the subject, but his book is hasty and careless. Quotation marks are to be found at the commencement of a quotation, but not at its end, so that it is impossible to tell where the author's comments begin; facts not gen-

erally known and accepted are given without authority, an article in the "Encyclopædia Britannica" is quoted as by C. C., when a moment's reference to the index would have enabled the writer's name to be cited, and countless examples of the same kind could be given. In criticising Mr. Darwin the author says "he resorts to the use of adjectival forms in front of it [that is, of a word] not very enlightening" (an adverb is referred to, but let that pass); but what will be thought of the author repeatedly speaking of "poor Darwin," "poor Weismann," "the great Mr. Grant Allen"? But there is worse than that. He says—again speaking of Darwin—"it would have been more to his honor if he had brought his earlier books into line before going on to manufacture more. But then, you see, the books went on selling, as they were, as they were" (*sic*). Such an insinuation will be felt as an unpardonable outrage by those who had even a slight acquaintance with the simplicity and beauty of character displayed by the great naturalist.

#### **Ætiology and Pathology Of General Paralysis.**

Although Dr. Mott does not consider it absolutely proved that syphilis is an invariable antecedent of general paralysis, he thinks that the evidence is in that direction. In support of this contention, in his "Archives of Neurology from the Pathological Laboratory of the London County Asylums," he advances the absence of general paralysis in countries where syphilis is unknown, its rarity among women of the better classes, while those in the lower rank suffer more frequently from both diseases, and the frequency with which, in his experience, a definite history of syphilis is to be obtained. In this Dr. Mott is in accord with most Continental observers. The experience of asylum superintendents in England is often quoted against this view, but Dr. Mott thinks that this is because sufficient care is not taken in inquiring into the patient's history and because syphilitic residua in other parts are often overlooked. Recent inquiries at Claybury and Rainhill Asylums strongly support the contention that syphilis is an antecedent of general paralysis in the majority of cases. Another proof, he urges, is the frequency with which definite congenital syphilis has been present in the cases of juvenile general paralysis, of which no less than twenty-two are recorded in the Archives. Dr. Mott also maintains that "general paralysis and tabes are, pathologically speaking, the same disease affecting dif-



ferent portions of the nervous system"—a doctrine which is certain not to pass unchallenged. In an interesting account of the pathology of the disease, Dr. Mott refers to his previous research on the presence of cholin in the blood and cerebro-spinal fluid of general paralytics as a result of degeneration of cerebral tissue. This cholin, he believes, causes thrombosis of small veins, and this thrombosis is the cause of the epileptiform seizures.

#### **Operative Surgery Of Malignant Disease.**

The work of Henry T. Butlin, F. R. C. S., D. C. L., nominally a second edition, is in reality almost a new work. The attitude of surgeons toward malignant disease has altered very decidedly since the first edition was published thirteen years ago. Many operations, before hardly justified by their results, are now performed with reasonable safety; many more have been so altered that arguments based upon them at that time are now no longer valid.

The chapter dealing with diseases of the breast is that which has undergone, on the whole, the most radical change. Mr. Butlin has, in other publications, given token of his whole-hearted acceptance of the most modern teaching, which dates, let it be freely acknowledged, from the papers of Mitchell Banks. The conclusions expressed on this subject are briefly as follows: The entire breast, a wide area of integument and circummammary fat, the pectoral fascia, and a great part, if not the entire thickness, of the pectoral muscle, with the entire contents of the axilla up to the clavicle, should be removed in one mass. If the highest infraclavicular glands are cancerous, those in the posterior triangle should be removed, not otherwise. Recurrent disease should be removed as soon as it appears.

As contrasting with this in its modernity, we may select the chapter on the tongue. Mr. Butlin considers that the operation for excision of the tongue may be performed through the mouth "in the large majority of instances," but "when the disease deeply affects the floor of the mouth, especially when it is associated with enlargement of the lymphatic glands, it will be best removed by an external operation." Elsewhere the author remarks, and in face of this teaching the observation is pertinent: "In spite of the local character of the disease, which is theoretically limited to the affected part of the tongue and the adjoining parts of the mouth with the associated lymphatic glands, I have no hope that we shall ever attain such great success against

cancer of the tongue as we are likely to do against the much less local disease, cancer of the breast." May not the difference in the attitude of the surgeon toward the two diseases explain the apparent anomaly?

#### **L'Hypothyroidie Benigne Chronique, ou Myxœdème Fruste.**

In the course of their evolution, diseases are first of all isolated and described as separate entities, and it is only after their existence has become thoroughly recognized and familiar that their surroundings and affinities become clear. When a disease is first described, it is, no doubt, necessary to insist on the fact that it is a definite and distinct collection of symptoms, or, in other words, that it is a symptom-complex, and not a merely accidental collection of signs and symptoms. Later on transitional forms become apparent, and the spaces between the fixed types of classical disease become filled up with intermediate forms, or what Dr. Goodhart happily called the "fringes of disease." Dr. E. Hertoghe, in his essay on what he calls "chronic benign hypothyroidism, or larval myxœdema," deals with the manifestations of thyroid insufficiency, which might be described as larval or incomplete forms of myxœdema, but the author prefers the term "chronic benign hypothyroidism," as it does not, like the more familiar title, imply the idea cedema. Though these incomplete forms have not attracted much general attention, Brissaud, Thibierge, and G. R. Murray have recognized their existence. Brissaud, indeed, made the interesting suggestion that some forms are due to parathyroid insufficiency, and others to insufficiency of the remainder of the thyroid gland. The incomplete forms of myxœdema are, like the fully developed disease, more often seen in women, and are distinctly hereditary.

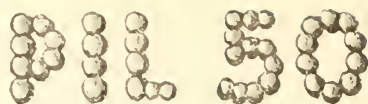
The symptoms due to thyroid inadequacy are numerous. In the first place, a woman thus affected looks older than she really is, tends to get gray early and to lose her hair prematurely, while the teeth, especially the molars, and the gums undergo degenerative changes. The tonsils are enlarged, and there is a tendency to catch cold, to suffer from headache, backache, and arthritic and muscular pains, often referred to rheumatism. Menorrhagia and retroflexion of the uterus, due to a want of development of the posterior wall of the uterus, are common, while flooding is likely to follow delivery. Varicose veins, gall stones, obstinate constipation, lassitude, shivering, a subnormal temperature, and free per-

spiration are other manifestations of incipient myxedema. The proof that these familiar symptoms are due to incipient myxedema is that thyroid treatment removes them. It is rather startling to find so much put down to insufficient thyroid secretion, but the author sustains his thesis with ability, and the reader cannot but be impressed with the desire to test and see for himself whether in practice thyroid treatment, like the bicycle, may not do great things for the invalidism and numerous pains that female flesh is heir to. In children, again, thyroid insufficiency is responsible for a number of symptoms of which the most important is retardation of growth. The author holds strong views, which Thibierge has characterized as excessive, as to the dependence of all the forms of infantilism on dysthyroidism. Nocturnal incontinence is regarded as due to hypothyroidism, while abnormal conditions of the sexual organs, such as monorchidism or retained testes, are referred to the same factor.

This monograph is important, for if incipient myxedema is more often recognized and these early stages more generally treated, a distinct step in advance will be attained, namely, the prophylactic treatment. The easiest method of diagnosing these incomplete or larval forms in their reaction to thyroid medication.

#### In Regard to the Numbering of Prisms.

James Thorington, M. D., Adjunct Professor of Ophthalmology in the Philadelphia Polyclinic, has written a work entitled "Refraction, and How to Refract," in which, in regard to the numbering of prisms, the author remarks that formerly prisms were numbered by their refracting angles, but that now other methods are in use known as Dennett's and Prentice's methods. The unit or centrad in Dennett's method is a prism that will deviate a ray of light the one-hundredth part of the arc of the radian. The radian is so much of the circumference of a circle as will equal the length of its radius of curvature. This is called the arc of the radian and equals 57.295 degrees. It is divided into one hundred parts, and a prism base down at the center of curvature that will deviate a ray of light downward just one-hundredth part of the arc is a one centrad. M. Prentice's method, the unit or prism diopter, is a prism that will deflect a ray of light just one centimeter for one meter of distance, that is the one-hundredth part of the radius measured on the tangent.



#### A Topsy-Turvy Germ Theory.

Just as we have got comfortably settled in the belief that all diseases are due to bacilli, and that the first step toward the elimination of a particular disease from the list of human ills is to find its special bacillus, and the next to discover the way to destroy it, along comes a scientific sharp with the announcement that the germ theory has been taken hold of wrong end to. The bacillus is not the cause of the disease, but its first victim.

Dr. G. G. Bantock has been making investigations in which he claims to have demonstrated that bacilli are necessary to health, instead of causing disease, and that "the modern doctrine of bacteriology is a gigantic mistake." Mr. Maurice L. Johnson, in the current number of the *Westminster Review*, adopts Dr. Bantock's conclusions, and goes farther. He maintains that disease is caused by the bacilli being poisoned, instead of doing the poisoning themselves. Having been made sick by the physical or moral delinquencies of the human being they are laboring to keep in good condition, they become unable to perform their accustomed duties, and the special form of disease results.

The moral is, don't kill your bacilli, but keep them in good condition, and when they are sick nurse them back to health.

Next theory, please!—*Cleveland Plaindealer*.

[We knew something of this kind would happen if we didn't hurry up and get in line with the bacteriologists. For over a year we have been leisurely investigating this subject (after having ridiculed and fought it for othersome many years), in order to show that it either is or is not a tangible fact. So, now, as we were perfecting our detailed information, comes this English fellow and spoils it all by taking our postulate of several years ago, namely, that bacilli are the result and not the cause of things, and knocking our argument into a cocked-hat; in other words, if a person desired to be good he must be good to his bacilli, otherwise they would die, and that would be the end of Mr. Man. As the *Plaindealer* graphically concludes: "Next theory, please!" Now think

how many text-books will have to be rewritten ; for, of course, if bacilli are not the cause of illnesses then some other cause must be discovered and trundled down the center of the stage and stood in the full glare of the calcium light ; and that will necessitate the re-hashing and re-kodaking and re-scissoring and re-pasting of present text-books. Ah, if that were needful only of the dominant school—the allopath, and need not to be said of the Little Me Too Writers and Imitators in our own modern school of practice ! There is nothing in all the world like being scientific and full of the latest prunes and prisms and technique. Are we always to travel in circles in medical lore, as in political history ? Shall we, in good season, get back again to the theory or belief that people get sick just because they do ; and that they get well, because they do not, under the most approved applications of physicians and surgeons, die ? Perhaps some of the carpet-knight professors of the first two ornamental years of the modern homeopathic (?) college will now take a little off the top of their top-heavy knowledge, concerning the ultimate origin of life and species ; and give a little more of their abundant leisure to the practical branches of a medical man's life. There is hope of a tree if it be cut down that it will sprout again : and it is just as reasonable to hope that if a bugteriological professor of the first two years of the homeopathic college be cut down in his theory that he will sprout again upon some other more insanely nonsensical theory on the first opportunity. Bugteriology has had a long day. Longer than the renowned Koch lymph. And we never learn. We will readily swallow the next ridiculous hypothesis that comes down the pike, if it be but *Made in Germany* or comes with the hallmark of an English hospital or college. Heaven haste the day when the cutters and butchers—meaning by that that vast horde of bloody fellows who, having heard of no better way to save a broken leg, cut it off—Heaven haste the day when this vast army of surgeons may be brought to a knowledge of the impossibility of remedying every evil to which perverse, heredity-cursed human nature is heir, by operations ! May we all live to see that day !]

## Obituary.

### SCOTT B. PARSONS, M. D.

IT is too late now to say much concerning our early and beloved friend, and teacher, Dr. Scott B. Parsons, of St. Louis, whose death was chronicled in our exchanges during our absence abroad. In all that we have seen written and printed concerning our old friend we concur most heartily. We will say this, however, as a little tribute to his memory, and we say it from a full heart, that we loved him as we have rarely ever loved a man before. He was a true-hearted, helpful friend and teacher. If he ever spoke an unkind word, nay even an impatient word, to anyone, we never heard it or of it, and in our last year we were with him a great deal.

He was a thorough man and gentleman. His teaching was up to the very last advance made in the profession. He was one of the most unselfish men we ever knew. He studiously effaced himself in order to give quiet but potential help to his classes. This will account for his non-appearance in public prints and the like. His ambition was to rear a generation of men and women who would remember him, not merely for what he had told them, but for the rooted principles of honor, of justice, of unselfishness, and of homeopathy which he inculcated. For he was a homeopath. He was beloved by his classes. They admired his independence, as they bemoaned his many absences by reason of advancing ill-health. He was everybody's friend. He never refused the call of charity. He went to distant parts of the State and adjoining States to do operations, for which he received nothing but the grateful thanks of the family. And he knew that would be his sole reward. But that was Scott Parsons. For some reason best known to himself he chose us from the senior class to be his assistant and attendant. In this way we learned to know him, and that meant to love him. His frequent intimate chats with us, upon the early trials of his medical life, and his encouragement to us upon our adventuring upon very much the same future, stood us in good stead when the fateful period of the lean kine and of probation came upon us. Had we given way to his requests



and promises we might not to-day be a mere materia medica expert with no practical knowledge save that of the higher and yet more higher moonshine potencies: instead, we might, perhaps, be a successful surgeon, nay, even an eminent gynecologist whose resignation would not be accepted by his faculty because of being the author of a text-book which was now in every homeopathic college. But Dr. Parsons meant well with us individually. He told us, in after years, that perhaps he was wrong in urging our special attention to surgery, in which he thought we had given such hopes of a bright future. He could be approached at any time by anyone. He was wholly democratic. He never read from manuscript. His was the living word. Hence, he had no fear of an interruption from an honest student when engaged in lecturing or operating before the class. Indeed, as we hark back to that old college on Tenth and Carr streets, in the midst of a tumbled-down neighborhood and an equally tumbled-down populace, we recall that there were some grand old men in the professorial chairs. They were giants in those days; and they have continued to be so even after this lapse of years and our later and better knowledge of the men themselves. They never had a large class,—the college is doing better now in that respect,—but each member of those small classes was the nucleus for personal attention and instruction. We seldom had any disagreements. We did have one or two teachers who proved unruly, but they disappeared from professorial and almost from professional view shortly after. These old teachers, of whom Parsons was a conspicuous type, were whole-souled and intent upon teaching the class the very best that could be had in any college. They lost many a dollar from private practice in order to hand the torch of greater light to these younger minds, these enthusiastic homeopaths. And a roll-call of the classes issuing from the old college about that time will show many men and women, well-grounded in homeopathy, of the homeopathic kind, and yet conversant with the other detail that go to make up an all-around first-class physician. Dr. Parsons was in ill-health for a long time, so that his demise was not unexpected. We shall always

cherish his memory as one of our best and truest friends at a time when we needed a guiding-hand in our then newly chosen profession.

His memory is living in immortal green in every heart that ever knew him. He was not great in the sense of compiling scissor-and-paste-pot-and-kodaked text-books; or of appearing in the chief seat of the synagogue or down the center of the stage on every possible occasion. But he was truly great in stirring the hearts of his students and classes with the ambition to be good men and women. He was not a politician. He loved his profession as only a true devotee can love. He was never concerned in the pettiness of life—the jealousies and scandals of some of his associates. He was too big a man for that. He lived the lesson of excellence himself so that his contemporaries could see it. May his long-earned rest be very sweet to him!

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## Correspondence.

### *The AMERICAN HOMEOPATHIST:*

Answering your questions I will say: (1) Why did I begin treatment of case related with the 3x, subsequently give 1 m., and back to 3x? I began with the 3x because I believed, and still believe, that conium is useless in a high potency. I gave the 1 m. because of a suggestion of a student. I did not expect any results from it, and I was not disappointed. I dropped back to the 3x because for twenty years it never has failed me in that potency when indicated. I gave the rhus tox. 30x because that potency of that particular drug has been more uniformly successful with me than any other. I am inclined to think that in persons who are susceptible to rhus poison the lower potencies might do as well; but in my own case, many years ago, I had a rhus rheumatism, took the drug in the 3x, with absolutely no results. I then took the 30th, which cured me in a week, and I have never felt the rheumatism since, although I had suffered for more than twenty years before. I may say that I can eat rhus tox. plant without injury or ill effects.

The potencies of nux vomica and phos. were

selected because of past agreeable experiences with these potencies.

The longer I practice, and the more I learn of the preparation of the so-called high potencies, the more I think they are scientific impossibilities, and the cures rendered by them are largely the results of suggestion; and *stopping ALL drugs*. There are quite a number of drugs such as baptisia, conium, ænanthe, etc., that are worthless higher than the 6x, while I never use sul., lyc., sil., etc., lower than the 200th. Potency is largely a matter of individual experience, and life is far too short to *spend time in discussing it*. Rather discuss the *indicated remedy*. Respectfully,

E. R. MCINTYER, M. D.

1106 Stewart Building, Chicago.

[This foregoing letter was in answer to our questions concerning the reasons why Dr. McIntyer had selected the 3x, and 1m., and other potencies mentioned in his cured case. Dr. McIntyer, as is noted, is frank enough to admit the use of a rule going back no further or higher than his personal experience. Will our readers contribute of their experience on the potency question? This is the paramount issue in homeopathy to-day. Someone *must* formulate a rule of selection. Who will do it?—EDITOR.]

#### *The AMERICAN HOMEOPATHIST:*

Far be it from me to dictate, but I would submit that Cleveland should not be overlooked if the Institute would go to another point than the Falls.

Cleveland was selected by the Institute in 1899, providing the Monument was not ready. That city is near Buffalo. The excursion rates from the West will take us through Cleveland. From the East excursion steamers and trains would make Cleveland from Buffalo at a small expense. There is no convention at Cleveland, and special rates doubtless could be secured. And more than all, it is very central. The Institute would be welcomed at Cleveland, I am sure. New York has the president, and besides, the largest number of our physicians live west of Pennsylvania. Convenience to the mass should be considered, except where it is best to

go for propaganda purposes. With this latter idea, why not go to Toronto or Montreal?

T. C. DUNCAN.

[Certainly Cleveland is a good and central point, and unless the college people object, we (editorially and personally) would be glad to have the American Institute meet here in 1901. —THE EDITOR.]

♦ ♦

### Globules.

Dr. C. E. Fisher of Havana was quarantined at New York, and so failed to get to the Southern Homeopathic Medical Association meeting at Knoxville. Very aggravating contretemps.

Dr. Clitus S. Hoag, formerly of Bridgeport, Conn., is dead. He was a very popular officer of the American Institute of Homeopathy, serving as Registrar. He was ill quite a long while, but bore his affliction with great patience and resignation.

Dr. Oscar Le Seure, formerly Professor of Surgery in the Ann Arbor Homeopathic School, after many rumors, has at last resigned, this time to stay resigned. Why he has taken this step is not told. His successor is a doctor from Michigan, with whose name we are not familiar, but this is no bar to his being a successful surgeon and practitioner.

Dr. Henry Chandlee, the efficient editor of the *American Medical Monthly* (née the *Southern Journal of Homeopathy*), founded by Charles E. Fisher, M. D., etc., etc., has returned from a six months' trip in Europe studying hospitals and people. He has now resumed his editorial labors and will enrich the profession by his gifted pen. We welcome him back to his place among the clever writers of the homeopathic press.

Dr. A. M. Duffield, President of the Southern Homeopathic Medical Association, in his Annual Address, recommends that each resident Southern homeopathic physician engage to locate at least one other good homeopath in his district before the next meeting of the Association. Looks like prosperity when a people need to go out in the highways and byways to induce physicians to settle among them.

After thirty years of almost continuous labor as a professor of materia medica in one or the other of the Cleveland Homeopathic schools, Dr. H. H. Baxter has resigned and retired to the contentment of private life and practice, being meanwhile one of the efficient board of examiners for the State of Ohio. There are few

homeopathic teachers in the United States who can show so long a record of teaching in one branch, and one which, of late years, has been made so apparently insignificant by the advent and domination of the surgical end of the profession. Dr. Baxter has earned his rest from active teaching and we wish him success in his present environment.

The Miami Valley Homeopathic Medical Society held its eightieth semi-annual session at Dayton, October 25, and enjoyed a fine programme together with a banquet. New officers were chosen as follows:

President, C. E. Walton, Cincinnati; vice president, T. A. McCann, Dayton; secretary, W. Webster Ensey, Dayton; treasurer, William H. Webster, Dayton; censors, J. E. Welliver, Dayton; J. Tressler Ellis, Waynesville, and C. R. Coffeen, Piqua.

And now comes the said aforesaid complainant in proper person and respectfully represents to this honorable tribunal that here it is November—that next will be December and then January and February, more than half a year gone by, and still no Transactions of the American Institute of Homeopathy. Has not the reform promised by the Young Lochinvar who came up out of the West accomplished aught? Dear, dear, this is about as bad as when we were accused of default, defection, and deficiency.

The seventeenth annual meeting of the Southern Homeopathic Medical Association was held in Knoxville, Tenn., beginning October 16, with upward of sixty homeopaths in attendance; Dr. A. M. Duffield of Huntsville, Ala., president, in the chair. There was an address of welcome by the mayor, which was responded to by Dr. A. Leight Monroe of Louisville. The reading of the minutes was omitted in the absence of the secretary. A number of applicants were elected to full membership. Drs. Hinsdale, Henry, H. M. Paine, and Fisher (of Havana) were elected to honorary membership. Dr. C. E. Walton was among the actively interested members. The Hotel Imperial was the headquarters. The banquet given by the local fraternity was toast-mastered by the ever-genial Dr. McCreary, with appropriate toasts responded to by Drs. Caulkins, Hinsdale, Boies, Walton, Pearson, and Stout. After the set toasts had been exhausted the banqueters called for impromptu remarks from others present. In all reports received from the scene of festivities—in private letters—the meeting was an exceedingly successful and happy one: and while a number of the old-time wheel-horses, from one cause and another failed to be present, those who did come to the feast of mind and body, will not soon forget the

heartiness of welcome nor the successful issue of the work.

The Cleveland Homeopathic Medical Society is holding its meetings once more in the Cleveland Homeopathic College building, 62 Huron Street. The *pièce de resistance* for October 24 was "Typhoid Fever" presented by Professor G. J. Jones, and taken up and continued in its different aspects by Professors Schneider, Thurston, and Frost. Professor Jewitt is president, and Professor Jend, secretary of the Society.

In that grave form of acute gastro-enteritis which has received the name of infantile cholera treatment often seems hopeless. There are incessant sickness, purging, and great danger of collapse. In many instances washing out of the stomach and irrigation of the colon are impracticable. A mixture of bovine (fifteen per cent. soluble albumin) and brandy may be cautiously tried. One teaspoonful (or more) of bovine is added to a wineglass (2½ fluid ounces) of recently boiled and cooled water and then one teaspoonful of the best brandy. The mixture should be surrounded by ice and one teaspoonful may be given every ten minutes.—*Dr. Walker Overend.*

The nineteenth semi-annual meeting of the No. Indiana and So. Michigan Association was held last month. Among those present were: Drs. W. A. Whippy, W. B. and M. K. Kreider, Goshen; Julia D. Godfrey, Catherine H. Frank, and Martha V. Thomas, South Bend; T. C. Buskirk, White Pigeon; W. H. Thomas, A. L. Fisher, Porter Turner, J. M. Byler, and H. A. Mumaw, Elkhart.

The following papers were read: "Ectopic Pregnancy," M. K. Kreider; "A Case of Mistaken Diagnosis," Porter Turner; "Displacement of the Uterus," C. H. Frank; "Use of Eucaine in Eye Surgery," W. B. Kreider; "Infant Hearts and Development," T. C. Duncan, Chicago; "Progress of Medical Science," E. Mather, Birmingham, Mich. Reports of cases: M. K. Kreider, T. C. Buskirk, and J. D. Godfrey.

Chairmen of bureaus for the next meeting: Surgery, M. K. Kreider; Materia Medica, J. M. Byler; Practice, W. A. Whippy; Gynecology and Obstetrics, Porter Turner; Ophthalmology, W. B. Kreider; Pediatrics, Julia D. Godfrey.

It was decided to hold the next meeting in Elkhart on the first Tuesday in April, 1901.

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# The American Homeopathist.

DECEMBER 1, 1900

FRANK KRAFT, M. D., CLEVELAND, OHIO, EDITOR.

## OUR PORTRAITS.



STEPHEN H. KNIGHT, M. D.,

*Professor of Surgery, Detroit Homeopathic College,  
Editor of the "Medical Counselor,"*

Detroit, Mich.

and the Kent Post-Graduate School in Philadelphia as similar evidence of a similar decadence in this country. The answer to these querulous queries might be tersely stated in a few words, namely: that Dr. Villers and the Philadelphia school had set themselves aside and apart as specially chosen apostles for something which the profession and the overwhelming part of the laity did not want. Proselytes cannot be made to a new order of things by standing on an extreme mountain top and apostrophizing or condemning the old and holding up the new. Come down and mingle with the people, and show them that your work is better than theirs. This is our contention with the I. H. A. as an organization. True homeopathy is not as dead as it may seem. But that it is not being taught in the majority of our schools is very true. The correction for this condition of affairs lies in changing the course of instruction, and not in writing fiery philippics about mongrelism and passing elaborately constructed resolutions on the evils of low potencies.

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THE *Hahnemannian Advocate* is giving some of its gray matter to elucidating a new way to read character by means of the old, but now revamped and renamed phrenology, plus physiology, physiognomy, and, in general, psychology. The editor tries to make out a strong case for the value of this species of information in talking and prescribing homeopathically. In a general sense we have followed this ever since our advent into the medical field, but not to the extent recommended by this editorial. The pictures which accompany an advertisement of this system present faces and heads labeled with terms contrary to what we would suppose were indicated by their bumps and

TO a jeremiad concerning the apparent decadence of true homeopathy the *Medical Advance*—the last number we have received—tends itself. Are we progressing? it queries a number of times, and doubts it very much; quoting the fall down of Villers' *Archiv für Homöopathie*, as an instance of degeneracy in Germany,

contour. We hope the doctor has struck pay dirt, but until we know more we shall presume to question it.

\* \* \*

THE *Medical Arena* has done itself proud, so to speak, in unmasking a diploma fraud. This involved the tracking down and handing over to the police of a doctor who had advertised for sale a legal diploma for a moneyed consideration. The *Medical Arena* folks, or someone in their interest, opened up correspondence with the advertiser and eventually landed him behind the bars. It seems that the diploma was a genuine one, which had been sent to the Indianapolis Registration Board for registration, but had mysteriously disappeared; that it was issued by the Louisville homeopathic college and belonged to Dr. Clokey—not the recently deceased. The work of running this advertiser and his pal to cover was cleverly done.

♦ ♦

### GLAUCOMA.

By H. ALDEN ADAMS, M. D., Indianapolis, Ind.

GLAUCOMA is a disease that is not met with every day, and consequently is one with which the general practitioner does not keep well posted.

The word glaucoma comes from the Greek *glaukos* (green), and was originally applied to cases where there was loss of vision accompanied by a greenish color of the pupil. This color was supposed to be due to the turbidity of the vitreous. The ophthalmoscope has proven that a misnomer, as it expresses only an occasional condition which may be presented in the later stages of the diseased condition. However, we still apply the name glaucoma, it expressing a disturbance of the equilibrium between secretion and excretion, characterized by an increase in the fluid contents of the eyeball, or, in other words, "The essence of glaucoma lies in the increase in the intraocular pressure, from which all other essential symptoms of the disease can be deduced." This increase of tension leads to degenerative changes in the optic nerve, retina, choroid, and indeed the whole of the interior structures of the eye, with loss of function.

*Varieties.*—There are several varieties or divisions of the glaucomatous process, made according to the clinical manifestations of the disease. Namely: acute, or inflammatory; chronic, or non-inflammatory. Or, again, into primary and secondary. We will consider them under the latter heads as primary and secondary.

Under primary glaucoma we consider a class of cases where the increase of pressure sets in without being able to discover any reason for it, in an antecedent disease of the eye. Thus primary glaucoma has, for its first and most important symptom, increase of tension, from which all the rest of the phenomena arise. It is glaucoma proper. Genuine or primary always affects both eyes, though not always at the same time. Years may intervene between the attacks of the different eyes.

Let us now divide the primary into two classes, namely: inflammatory glaucoma and glaucoma simplex.

#### INFLAMMATORY GLAUCOMA.

These cases, especially the acute, run a typical course and usually affect one eye at a time.

*Prodromal Stage.*—Most cases of an inflammatory character are preceded by a stage of prodroma, characterized first of all by attacks of obscuration of vision. During this attack the patient cannot see well, claiming that a cloud or smoke is between himself and objects. In looking at a light, he sees a rainbow encircling it. And often there exists a feeling of tension in the eye, or a dull frontal headache. If present during the attack the physician finds upon examination a diffusely clouded cornea, resembling a glass sweating. This cloudiness is greatest at the center, least at the periphery, and because of its uniformity of distribution causes considerable disturbance of vision and produces the colored ring around the flame. This ring is often likened unto the ring seen on a cloudy winter night, when looking through a frost-covered window at a lamp. The iris is sluggish, reacts slowly, is advanced, causing the anterior chamber to be shallow, and the pupil is usually somewhat dilated. The tension is considerably increased. An attack of this sort will usually last several hours, after which the eye returns to its normal condition, both in

appearance and function. The second attack which is similar to the above, may be weeks or even months later; the succeeding ones coming nearer and nearer together, oftentimes coming daily. We can often trace the cause to dissipation in diet, in sleep, or from emotional excitement. At other times they return periodically and apparently without cause. The patient may see through a cloud in the morning, and clearly in the afternoon; or another see through a cloud in the evening. This condition is usually relieved by sleep, even a short nap at times being sufficient. Usually between attacks the sight is normal, though the patient may have to hold close work very near to him, and also continually increase the strength of his glasses. The prodromal stage may last only a few weeks, or it may be protracted for months or possibly years. If for years the eye gradually undergoes changes. It appears glaucomatous, and excavation of the nerve takes place. Excavation of the optic nerve is dependent upon the recession of the lamina cribrosa. By this we mean that part of the sclera which lies at the point of entrance of the optic nerve into the eye, and which is perforated by numerous foramina designed for the passage of the bundles of fibers of the nerve. Of course in the above cases the eye never becomes normal between attacks.

In the acute attack, glaucoma evolutum, we find that it sets in suddenly and with a vengeance. The cause, if any can be found, is similar to those producing the prodromal stage. There is one thing in particular that may produce it, and that is dilatation of the pupil. For this reason the greatest of care must be taken when atropine is used, as an eye with a glaucomatous tendency may be thrown into an acute attack from the use of a single drop. In a few cases even the use of a single drop of cocaine has been known to induce an attack. The acute attack is ushered in with a violent pain radiating from the eye along the first and second branches of the trigeminus. There are pains in the head, ears, teeth, which may reach an intolerable pitch. This causes loss of sleep and appetite; vomiting frequently occurs and fever may set in. With the appearance of the pain, the visual power quickly disappears, and

only large objects can be seen. Upon examination the lids appear œdematous, and we have œdema and chemosis of the conjunctiva. The congestion being of a venous character is of a dusky red. The cornea is insensible to touch, appears smoky and dotted. The iris is pushed forward, therefore the anterior chamber is shallow; pupil is dilated; iris is discolored and does not react to the light; pupil appears green. The tension is increased, therefore we find the ball very hard. Thus you will see that the acute attack is really a prodromal attack intensified. Now the tension is permanently elevated and the eye appears glaucomatous.

After some days or weeks the eye begins to improve, and in some cases an apparent cure sets in. This proceeds to a stage depending upon the degree of damage done during the prodromal stage. However, the eye never becomes normal. The attack leaves behind objective changes, such as increased tension, shallow anterior chamber, narrow iris, which has turned to a slate-gray color, and does not react to any degree; over-distention of anterior ciliary veins, which tell at a glance the sort of a disease that is in it.

After a longer or shorter time there is another attack, which is probably not so severe, but the recovery from which is not so apparent. This is followed by attacks, more and more frequent, as we saw in the prodromal stage, and we then come to the third stage—glaucoma absolutum. Here the eye is completely blind. The pupil is dilated, rigid, and of a green or gray color. The optic disk is excavated and the eyeball is as hard as stone, atrophy of ball occurring.

*Treatment.*—The treatment in these cases is mainly surgical—namely, iridectomy. The time for operating is an open question. But with the leading operators it is done in the prodromal stage, if the patient will consent, thus saving the eye from the inflammatory process which must follow later. Medical treatment has little if any effect, eserine and pilocarpin having as a rule only temporary effect.

Let us consider glaucoma simplex for a moment. Here the increase of tension sets in gradually, and there are no inflammatory phenomena produced. There is practically only one subjective symptom—namely, disturbance



of vision. This gradually fails, and in many cases we find, as under the prodromal stage of inflammatory, the transient attacks of obscuratio. Upon examination, however, we find sluggish pupil, anterior ciliary veins are distended, and slight increase of tension, though this may be very hard to detect, repeated examinations at all hours being necessary. Oftentimes we are compelled\* to use the ophthalmoscope to verify diagnosis, this showing excavation of the optic nerve, the depth of which depends upon the duration of the process. This slow process will proceed to complete destruction of the eye, or will take on the inflammatory condition. This usually attacks both eyes at once. Here as before an early iridectomy should be advised, though the result is less permanent or pronounced, it usually stopping the disease where it is, but it may have to be repeated, and even then the eye may go on to complete destruction. It is in these cases that we may get some good from our remedies, such as belladonna, bryonia, colocynth, gelsemium, or phosphorus, according to the indications of the case.

#### SECONDARY GLAUCOMA.

By this we mean an increase of tension appearing as a consequence of some other disease of the eye. This increased tension forms a complication of the already existing affection, but entails results peculiar to itself just as in primary glaucoma. It either produces the inflammatory symptoms of the acute, or merely the slow increase of tension with excavation noted under glaucoma simplex. We may find this condition in cases of luxation of lens, irido-cyclitis, fistula of cornea which closes after existing for some time, intraocular tumors, retinal hemorrhage, choroiditis, occluded pupil, etc.

The treatment in these cases lies in the removal of the cause, which may be anywhere from an iridectomy to enucleation.

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#### SIX LYCOPODIUM CASES.

By ANDREW M. NEALEY, L. R. C. P. & S. ED.

CASE I.—April 23, 1896.—A baby aged nine months was brought to me with an eruption on her face. It was reported as beginning with a

vesicle, which matured, discharged, and formed a scab. The discharge was slight, except after scratching. The pruritus was considerable. The child was constipated, and was said to sleep fairly well at night, but not during the day. The scabs were scattered over the nose and center of the face generally, and were of a dirty yellow color. *Lycopodium* 30 *ter die*.

April 27. *In statu quo*. Sulph. 3. gr. j. n. and m. for 2 days. Then continue lyc.

April 30. Red areolæ round scabs. Continue lyc.

May 4. Red areolæ have disappeared. Rep.

May 7. Slowly improving. Rep.

May 11. Very great improvement. Continue.

May 14. All scabs gone, only discolored surface remaining. Continue.

May 21. Discoloration diminishing. Continue.

NOTE.—The latest baby of this family has lately been under my care with very severe eczema of the head and face.

CASE II.—April 27, 1896. Mrs. A. consulted me for pain after food, spreading over the chest. Appetite poor; bowels regular. She complained of considerable flatulence, which she could not dislodge, and of dull aching over both orbits, with a sensation as of a film before the eyes. Pain between shoulders—worse on eating meat; drowsiness after food; sleep refreshing. *Lycopodium* 3. gr. j. n. and m.

April 30. Somewhat better. Appetite improved; less pain and flatulence, also less headache. Continue.

May 4. Improvement maintained. Rep.

May 7. Marked improvement. Continue.

May 11. Dyspeptic symptoms completely disappeared. The patient now complained of some headache in the vertex and over the left eye, which speedily yielded to phos. 3.

CASE III.—April 27, 1896. Mrs. B. complains of nausea after food, and of faintness both before and after. There is also pain in the stomach after food, spreading over the chest. Has been taking less meat in the hope of obtaining relief to dyspeptic symptoms, but the experiment has been unsuccessful. Flatulence rises. She complains of a nasty taste in her mouth on waking in the morning and after food. Drowsiness after food; appetite gone; bowels regular;

often very restless at night. Her sleep is unrefreshing, and she wakes up with a headache starting at the back of the head and spreading to the front. Is about two months pregnant. *Lycopodium* 3, gr. j. n. and m.

May 4. Less nausea and faintness, but has had an attack of bilious vomiting. Improved appetite; less pain after food; has less of the disagreeable taste in her mouth, but is not quite free from it. Is less drowsy by day and sleeps better at night; less morning headache. Repeat.

May 11. Improvement continues. No faintness; less pain and headache. I gave the same remedy now in the 12th dilution night and morning, and by May 19 the dyspeptic symptoms had disappeared.

CASE IV.—October 6, 1896. Mrs. C., after exposure to wet, complained of constant nausea and flatulence. Severe cardialgia and oppression after food; faint feelings come on suddenly. There is a sharp pain in the forehead, with a stupid feeling; great loss of strength; rheumatic pains in the legs and hips by night; sleeps at night, but is not refreshed; dreams excessively, especially about the events of the day; talks in her sleep. *Lycopodium* 3, gr. j. n. and m.

October 9. All dyspeptic symptoms are better, but has not yet got much appetite; still very weak. The headache is less, but the head still feels very muddled. The rheumatic pain is less, but has not gone. Her sleep refreshes her better and she is dreaming less. Rep.

October 14. Improvement in dyspeptic symptoms is thoroughly well maintained. She has now scarcely any headache and is gaining strength. Her sleep is more refreshing and she dreams less. There is great improvement in the rheumatic pains. *Sulph.* 3, gr. j. n. and m.

October 21. Except for slight flatulence all dyspeptic symptoms have disappeared. Says she feels a different woman from what she did two or three weeks ago.

NOTE.—I may add that on a former occasion I had treated this patient for very severe headache, worse on exertion or stooping, better by lying down, and feeling as if a band were round the head and going down into the neck. She was menstruating after a three months' interval,

and the period was accompanied by pain which she compared to labor pain (she is the mother of several children). The remedy employed was *carbo veg.* 200, and its use was followed by a speedy disappearance of the symptoms.

CASE V.—In the spring of 1897 Mrs. D., aged fifty-nine, consulted me for pain from the left side, about the level of the waist, across the back to the right shoulder. She cannot lie on the left side. This has lasted about two years. The appetite is good; the bowels are confined; experiences difficulty in getting to sleep, but sleeps well when she does get to sleep; at times she dreams a good deal. Sudden attacks of severe pain in the top of the head, which last for a few minutes; considerable flatulence; aching pains sacral and left iliac regions. Menstruation ceased seven years ago. Her youngest child is twenty-two. *Sulph.* 12, pil. iij n. and m.; *nux v.* 12, pil. iij. *bis die.*

May 10, 1897. The pain in the back is less; there is some improvement in her sleep, but the flatulence persists. *Lycopodium* 30, pil. iij n. and m.

May 24. The pain in the back is much better and the flatulence is less. Has not felt so well for six or seven years in respect of strength and energy. Continue once a day.

CASE VI.—This case is one with which I had to deal through the post. The patient is a little boy. On February 19, 1900, his father wrote to me to say that he was feverish and very hot about the head, hands, and mouth. His feet were cold, but to this he was generally subject, though at the time of writing it appeared more pronounced than ever. The appetite was lost. The boy's pulse was reported to be 136; tongue "very badly whitewashed," and his general appearance that "of being thoroughly out of sorts." He cared nothing for his playthings, and did not wish to be taken out of bed. When up he would lie on the sofa, only desiring to be left quiet. He did not complain of any specific pain, but had stated some days previously that his food, particularly fluid, was "pressing on him." His breath smelt sour and nasty. He had had several doses of Dinneford's Fluid Magnesia, but without any improvement in his condition being effected. Bowels were open. He had been out playing in the

snow. He has usually good spirits and is very merry.

A second letter was sent on the same day to say that there was a swelling in front of the left ear, presumed to be mumps; this swelling, however, never developed, and soon disappeared entirely.

I received this letter on the 19th, and immediately dispatched by post *Lycopodium* 30, with instruction to administer three pilules every three hours. I may say that the patient's residence is considerably over two hundred miles from London, and that the nearest homeopathic chemist (so far as I am aware) is some seventy miles away. In spite of the delay, therefore, there appeared to be no better plan than posting the medicine.

February 21, 1900. The child's father wrote to me again under this date. He reported some improvement: there was less fever, but the breath continued offensive and the appetite showed but little improvement.

I wrote on the 22d advising them to continue the remedy.

February 23. Under this date the father wrote again to say that the appetite was much improved, the breath better, and the patient almost entirely himself again.

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#### "OUR INERT FRIENDS."—*SILICEA*.\*

By H. H. BAKER, M. D., Muncie, Ind.

**I**N this day of wonderful inventions, when the impossible of yesterday becomes the realization of to-day; when untiring Science, by the Roentgen ray, wireless telegraphy, the horseless carriage, the liquefaction of air, and numerous other discoveries, each week crowns herself with new laurels; when our initial wonder subsides into familiarity as each great discovery takes its place in the routine of our daily life,—each adding its blessing, and all together compounding the possibilities of our existence,—we are prone to forget the importance, the attending circumstances, and the author of the several discoveries.

So, in selecting for our consideration in this bureau the general subject "Our Inert

Friends," I wished to impress more strongly upon our minds the wonderful discovery of Hahnemann, when he found that potentization increased the effectiveness of remedies, and when he extended his observations to the potentization of substances inert in their crude state.

In paragraph 269 of the *Organon* he says: "To serve the purposes of homeopathy the medicinal powers of crude substances are developed to an unparalleled degree by means of a process which was never attempted before, and which causes medicines to penetrate the organism, and thus to become more efficacious and remedial; it is applicable even to those substances which, in their crude state, do not evince the least medicinal effect upon the human body."

Here we have the plain, modest, yet incontrovertible assertion of one of his discoveries. By our everyday familiarity with the principle and its workings, we homeopaths are apt to pass it as of little moment; to belittle its importance, and to forget its promulgator. While the inventor of some marvelous machine-gun, aimed at the destruction of human life, is heralded from sea to sea, the humble expounder of this principle, aimed at the preservation of human life, was persecuted and hounded from his native country.

While I would not pose as a hero-worshiper, still when I think of the vast army whose lives have been prolonged, and of a still larger one whose lives have been rendered more comfortable; I feel that we cannot give too much praise or too highly honor the careful observer whose deductions and teachings have made all this possible.

And when, as I was taught in the lecture-room, we are told that shortly after publishing these drugs in the "*Chronic Diseases*," Hahnemann attained his dotage, and his teachings subsequent to this time, relative to dose especially, should be taken with considerable allowance if accepted at all, I cannot see the logic. It was in these riper years of his experience that he developed most fully such propositions as I have quoted from the *Organon*. It was after nearly forty years of experience and careful experiment (1828) that Hahnemann pub-

\* In *Dr. A. Teste's* *Homeopathy*.



lished pathogeneses of five of these drugs. Four of them were recommended by him from the start to be used in the 18th to the 30th potencies. Many of the provings were derived from these potencies; and the most brilliant results are to be had from the higher potencies. The physician who uses these drugs in low potencies only knows not what latent powers might be called forth by a little more succussion.

From the common salt on our dinner table, the baby-dusting powder of the allopaths, the blacklead of our lead-pencils, the preparation of lime which is a close analogue of tombstone, the white sand of the seashore, and other substances equally inert, Hahnemann has taught us how to prepare some of our most powerful agents for good; and directed us how to use them for the salvation of human life. And yet how many homeopathic physicians, accepting these remedies as valuable, still refuse to accept Hahnemann's testimony on dose—backed as it is by the experience of fifty years of practice—merely because they are unable by the microscope or spectrum to discover any drug in potencies above the 12th centesimal! They cannot admit the possibility of any dynamic latent power in drugs; which, nevertheless, continues to exist after the material (to our limited range of vision) has ceased.

The drugs upon our list to-day are among the deepest-acting and most lasting in their effects of any in the *materia medica*—promoters of great constitutional changes.

With these introductory remarks on the general subject, let us consider, for a few moments, *silicea*.

(1) *Derivation*.—This is prepared, according to directions laid down by Hahnemann in his "Chronic Diseases," from rock crystal or fine white sand.

(2) *Potency*.—*Silicea* was recommended by Hahnemann to be used in the 18th to the 30th potency in the first edition of his "Chronic Diseases" (1828). But during the year following he advises the uniform use of the 30th potency for all remedies; and in the preface to the fifth volume of the second edition (1838) he suggests caution in the use of the 50th potency, if we would avoid too violent action in sensitive

patients; "while we must remember," he says, that such a preparation contains almost all the properties latent in the drug now fully developed; and these can only then come into full activity.

(3) *General*.—*Silicea* "influences the nutrition rather than the functional activities of the tissues—hence is suited rather to organic changes than functional disorders" (Hughes). Its action is slow and deep—more appropriate to chronic than acute disease. Its action is long-lasting. The *silicea* patient is nervous, intensely irritable; prone to become vexed, and given to anxiety about every trifle. Lack of cheerfulness of course accompanies.

It is best suited to persons of light complexion, with dry fine skin, and lax muscles. It is a cold remedy. The patient takes cold easily; is chilly all the time—even when walking in a warm room. Hering puts it: "Want of animal heat; always chilly; even when taking exercise." There is amelioration from warmth.

(4) *Suppuration*.—A condition in which *silicea* is as generally useful as any, perhaps, is suppuration. Here it is one of our most valued remedies. Its place is not in the early stages of the suppurative process, as *bell.* or *merc.*—to abort; nor somewhat later, as *hepar sulph.*—to hasten suppuration when it appears inevitable; but rather to check and heal a slow, long-continued suppurative process.

It makes no difference where this may be located. *Silicea* acts equally well either in soft or hard tissues.

Suppurative otorrhœa I have controlled many times, both in adults and children, with none of the swabbing, squirting, and blowing commonly used. In abscesses of lung tissue it is to be carefully studied; and, in passing, I wish to mention its power to control the night-sweats of consumption. To enumerate the many particular suppurative conditions in which *silicea* is useful would be only tedious.

(5) *Scrofulosis*.—Another great field for this antipsoric remedy of Hahnemann's is that of malnutrition—rachitis and scrofulosis of childhood, and tuberculosis. The patient may have enough and the proper quality of food, but not the ability to transform this food into the

various tissues of the body ; and this defective assimilation, unless corrected, slowly but surely brings death by inanition, or, if postponed, lays the foundation for consumption later in life. In the rachitic condition to which silicea is similar Hughes suggests the two important symptoms—sweating about the head only and general tenderness. We have under silicea also sweating of hands, axillæ, and especially of the feet—and this sweat is usually offensive. The skin is frequently unhealthy—every little injury suppurates. There are eruptions—eczematous, herpetic, and especially pustular. Here it resembles graph., hep. sulp., and merc.

(6) *Nervous System.*—Another action of silicea, and one which I believe is made little use of, is that upon the nervous system, which is quite marked. Here it produces great weakness, and nervous exhaustion, such as from over-study ; and, with this exhaustion, as Dunham states it, “an exalted condition of susceptibility to nervous stimuli.” These is a sensitiveness to pressure, noise, motion, light—a hyperæsthetic condition of the surface. There is great nervous irritability. Silicea here comes in as a “tonic and sedative.” The patient is “weak, yielding, faint-hearted—giving-up disposition—grit all gone”—as Nash describes it. Feed him silicea, and you will give him, veritably and truly, what he needs—more sand.

I might give more in detail the many conditions and states to which this grand remedy is applicable ; but have aimed rather to place before you concisely its salient features.

(7) *Antidotes.*—Hahnemann says hep. sulp. is the only antidote he has discovered. Hering adds fluoric acid.

(8) *Relations.*—Silicea follows well after calc. carb., graph., hep. sulp., nitr. ac., and phos.

After silicea there follow well fluor. ac., hep. sulp., lach., lycop., and sepia.

Silicea is the chronic of puls.—that is, it is the more suitable remedy when the symptoms pointing to puls. are found in a chronic condition.

Let us study well the symptoms of this great antipsoric remedy of Hahnemann's ; apply it as he directed ; and we will find it ever faithful to the trust we place in it—one of “Our Inert Friends.”

## THE EDITOR'S LETTER.

September 15, 1900.

WE left Cologne, in a rain storm, by boat for London at nine o'clock instead of eight at night. I had purchased first-class tickets of Thos. Cook & Son, and was assured that my tickets included sleeping accommodation. When we showed our tickets and called for our berths we were soon undeceived, and I was required to pay as much for the cabins to Rotterdam as I had for the journey all the way to London. This is only one instance of the way in which foreigners treat the stranger within their gates. I do not especially hold Thos. Cook & Son culpable, for I suppose the Cologne office of their company is filled by natives of Cologne, just as it is fair to assume that the natives of other lands fill their offices. And it is impossible to eradicate the national trait. For instance, in Paris I ordered the trunks of my party sent by the American Express Company to London. I had called during the morning at the chief office, and had a full understanding of all that was required. In the evening the typical American Express wagon backed up at our hotel door, and two English-speaking men jumped off to get our luggage. It was all marked and lettered and keys attached as requested. There was nothing to do but carry it to their wagon. After some needless delay they did this. Then they came back and asked for a *pourboire* ! Fancy an American Express Company driver coming back to your door and asking for a tip ! I lost a train in London because of my implicit confidence in what was told me by this same Express Company. I took a great part of the party money in American Express travelers' checks. When I arrived in London, not having provided myself with any more English money than was needed on the ship and on the train from Liverpool, I hurried down next morning to the railway station to purchase my tickets across the Channel to Paris. This agent knew nothing about any express company's checks, had strict orders to take no checks from anybody. No, he knew of no one who would cash them. The train was due to leave at 10 A. M., and I was informed that no bank or tourist office, not even the American Express Company, would be open until nine. This I found to be true. I drove all over the business part of the city of London attempting to get some money, and failed, until at last the Thos. Cook & Son office in Ludgate Street sold me the necessary tickets after nine o'clock. I then hurried to my hotel and attempted to get the party together, with trunks and satchels and other luggage. We drove as rapidly as we could. We got caught in the jam at the Bank, and at last arrived at the railway station as the train passed out over our

heads on the bridge! Fancy any American Express office in the United States not being open for business until nine o'clock! It merely shows that you must be well versed in the customs of the people whom you propose to visit, else you will be in trouble all the time. Another disagreeable habit which we had to contend with in Germany was that of smoking in the hotel dining-room and restaurants and in public cabins on steamers. They seemed to eat and drink and smoke about the same time. Happily, in Germany we found good cigars, and the pipe was seldom in evidence; still, our ladies were not accustomed to this national custom, and objected to it most strenuously. The hotels everywhere we have found to be filled with an ever-shifting crowd of Americans. They never stayed long anywhere—just long enough, however, to take from us a chance of good rooms. Of eating, as a rule, there was an abundance and well cooked, though meat was the staple product everywhere along the Rhine. Vegetables were very scarce. Fruit almost none, unless we include a plentiful lot of scrubby little plums. Water is another article not much in demand, and therefore but rarely to be had. Wines and beers plentiful and very cheap. To us who wore the white ribbon it seemed a bit inconsistent to have regularly advertised temperance hotels serve beer and ale at almost every meal. This was marked in Dublin, where we fell into the crowded city during their annual horse show, and had to take rooms and meals in a Quaker hotel; there was ale and beer on the table at each meal; but those of our party who were smokers had to promise not to smoke in or about the hotel.

When you have seen the Dom and the Church of Ursula at Cologne, and walked up and down some of its very beautiful streets,—meaning now the shop-window displays, and not the narrow streets themselves,—and have admired the new part, with its wide streets and resemblance to Paris, you will have all you want of Cologne. The old part of the city is narrow-laned and gloomy. It seems to do an immense amount of business. Just now it is the stepping-off and stepping-on place for the traveler who wants to do the Rhine, and you will not be able to walk a block without hearing English spoken. Our ship for Rotterdam was an exceedingly uncomfortable old "tub." I had again chosen the water in order to avoid railway travel for our ladies, who suffered so from the heat of the little box-cars which they call railway trains over there. The beds were primitive, in a poor part of the ship, ill-ventilated, and bad. Some few of us were able to get a little sleep. Next day we suffered all day from lack of proper food. There was a large table spread in the cabin, but

when you sat down to it it was chicory coffee and doughy bread and warm water and iceless butter and flies. I ordered beefsteak for all hands, but it was non-eatable. The Rhine had lost its beauty. For a few miles doubtlessly out of Cologne it must have kept up its interest and romantic beauty. But the next day, on going above deck, we found but little of interest. A few cities here and there reminded us that we were still in Germany. But the river was no longer a topic to get sentimental about. It was simply an ordinary shallow stream filled with all manner of water craft. No more ruined castles or poetic mountain sides or tops. All that we left south of Cologne. We arrived at the conclusion presently, and abundantly verified later, that the Rhine for the traveler lies between Cologne and Mannheim. And we also learned, unfortunately also later, that there are two steamship companies doing this romantic river; that one makes a charge of five marks while the other charges twelve marks for the same service. We had been thus informed before we left Heidelberg. But at Mainz, where we took the first steamer, we were assured by the hotel proprietors, the portiers, the police, and the steamship company's agents at the dock that there is but one company, the twelve-marks company, and so we got "soaked," for, of course, there was another company; but being strangers and Americans we were proper wild fowl to be plucked on every conceivable occasion. Our first experience of Holland was not pleasant. We were solemnly informed by Thos. Cook's firm at Cologne that this ship would make connection at Rotterdam with the London boat. There was all of forty minutes in which to pass from one steamer to the other. We were informed after passing into the Dutch part of the Rhine that our boat was then two hours late and there was no possibility of making up any time. I telegraphed across the dykes and windmills and wooden shoes in the hope that a party as large as mine might be some inducement for the Rotterdam company to hold its boat. But the answer came that they would not wait. This took all the fun out of the remainder of the Rhine trip, and we had to content ourselves with the prospect of spending the night and day in Rotterdam. We reached there about seven o'clock, found rooms and food on the quay at a little hotel where someone was able to speak German,—for there was no one in our party who could speak Dutch,—and here we camped until the next day at four in the afternoon, when we were ready to move off to our London ship. This little hotel was primitive. Its table was wholesome and plentiful. But many of our ladies objected to it because of the Dutch-ness of everything! We



had feather beds to cover us, just a little larger than a pillow, which kept slipping off at all hours of the night. We took a drive about the city in a vehicle which came over in the ark. It was a marvel how our whole party was stowed away in its body. It was a novel affair for all of us. That evening we boarded our new steamer, and were soon under way for London.

This boat was an improvement on the Rhine steamer in that it did have comfortable sleeping accommodations. But here we got in trouble with the commissary. Nothing to be had except eggs and ham and tea and some pseudo-coffee and alleged butter. And, mind you, we had paid for first-class throughout! We had about finished our kicking on the food question, and some were still lingering over the remnants, when the North Sea swell struck our frail little cracker-jack of a ship, and those who did not heed the notice and crawl into bed—it was after tea-time now—found it necessary to give up the much-kicked-about little supper. Talk about seasickness! I never saw the like of the roll and pitch of that craft! I have been on water a good deal and in several storms, but for about four hours that night I thought every moment we would turn clear over from side to side and go down to Davy Jones' locker. Towards morning the sea grew calm, but a steady, nasty rain set in, which followed us on into London. The captain of the ship was having his supper when the seasick episode began. The steward had to hold the plates on the table, and the captain had to hold on with one hand to his chair. But all the misery and sickness and retching had no appreciable effect upon his appetite. He had his fat ham and eggs and beer and tea and hard tack and fly-less butter and molasses and a pipe of strong tobacco. Those of us who were not seasick whose staterooms opened on the cabin felt that our turn would come next if this captain was not soon filled up with victuals, or killed out of hand. Next morning the usual disappointment as to breakfast awaited us. Nothing to eat except remnants. And instead of arriving in London at eight, as promised, we were not to reach there till late in the afternoon. That was the most miserable day of the whole trip. Hungry, tired, sleepy, dirty, disgusted, unable to go above because of the downpouring rain, unable to stay below because of the nastiness and the odor of the captain's meals and pipe, we did present an unhappy spectacle. At length we entered the Thames, and from the portholes we were occasionally interested in the land and its scenery, such as could be made out in the fog. At five o'clock, instead of eight in the morning, we were anchored in midstream in the Thames. The tide being out, we couldn't get

to our dock. So some small skiffs came to the side of our tub and a straight ladder was placed from the deck into these skiffs; and our party, ladies and all, had to climb down that dirty, greasy, slimy ladder into an unstable, dirty, greasy, slimy skiff. Then we were ferried over to the shore for a sixpence each, and fell into the hands of the cabbies. An hour later we sat down to a smoking-hot dinner in our hotel. Our troubles, however, were not yet over. This hotel couldn't give us shelter but for the night. Move on! Everything in the neighborhood full. Constant streams of Americans coming and going. At length Dr. Dills and I found a private hotel in the same street, and by dint of extra shillings per day I had the rooms well cleaned, the table was added to, and as I went into my private stocking to furnish fruit and ice and lettuce and other vegetables, we managed to spend the better part of ten days in London, taking our lunches elsewhere. It was not a five-dollar-a-day hotel. But it was a clean table, because it was all cooked at a nearby pastry-cook's and brought piping-hot to our special table. Not a mouthful of it was prepared on the premises. On several subsequent days I asked at the various hotels nearby for rooms, and while I might have gotten one or two, no one was prepared to take my whole caravansary. The steward on the Rotterdam ship was guilty of a pun which almost made me forgive him his other shortcomings of bed and larder. He was a pleasant fellow,—a little too fond of the stewardess perhaps,—but he spoke nothing fluently but Dutch. I tried him on German, and Dills tried him on Kentucky, but it amounted to nothing. At last we found he could make out his bill to me in English. Then he came to me and said in Dutch-English, "You own dis circus?" At first I thought he was guying me, because of the antics of the party the evening before and during the seasick spell. Verily it was a circus, and all the animals under one tent! I asked him severely what he meant. At last I learned that he was making out a customs-house list, and he thought I could save him much trouble if I would give him the name and age and previous condition of servitude of each of my "circus." Unhappily he had translated "company" to mean "circus"!

If you want several kinds of fun try a trip from London to Cologne, or *vice versa*, on a Dutch steamboat. You will get your money's worth. It will be novel. But the moment your stomach begins to take on frills, lie down instantly on the flat of your back and stay there. Don't get up to look for *cocculus* or try to think which one of the other one hundred and seventeen sure-cure remedies for seasickness you have studied up. Or if you must put some-

thing in your mouth to take the taste of the expected-but-not-wanted out of it, chew two or three Antikamnia tablets, and very soon your stomach will take on its own proper habit again. I found the Antikamnia tablets helpful to me on several occasions when *mal-de-mer* was threatening; and also in London and Paris when the intense heat had pumped my head full of hot blood, and I was in danger of falling in a fit. Two, or at most three, of the Antikamnia tablets reduced the brain pressure very quickly, and I was enabled to go out into the scorching sun again.

I met Dr. Clarke in London several times. He is always jolly, and if I was very sick I would like him to be near me with that happy manner of his and his catchy laugh. We struck London in a bad time. It was vacation time, and all the doctors were at their villas by the sea, spending the surplus of the winter's work. Clarke was only in the city on certain days. The rest of the time he was in the country. He is a very busy man, professionally and editorially. I saw his new book, "The Dictionary of Materia Medica," and browsed in its leafiness for some time. It is very practically arranged. It gives data of great value to the practitioner. It is condensed, and yet it is filled to the edge of each page with excellent matter. It is homeopathic and easily legible. There are to be two volumes. It gives the remedies in the usual alphabetical form, but it gives many that have been but little known on our side of the water. It does not profess to be an encyclopedia. It is just what it purports to be—a dictionary of materia medica where a hurried practitioner may find whatever remedy he is seeking, find it in the smallest compass, and with all that is known of its curative action. I know our American physicians will like the book when it reaches us. I visited the London Homeopathic Hospital, taking Dr. Nancy Williams with me. We were nicely received by the physician in charge, Miss Nield, and shown all through. On a preceding day Dr. Dills had seen Dudley Wright operate, and was much pleased with his work. I missed my good old friends Knox Shaw, and Pullar, and Compton Burnett and Dudgeon and Washington Epps and the others of our "gang" of 1896. London is just about as it was in 1896. You get awfully tired of it on your third visit, unless you have a congenial crowd with you who are grateful to you for bringing them and listen to your words of wisdom. Our party took in all the sights, the theaters, the antiquities, and the "twopenny tube"—the underground electric railway, built by American capital and built like the elevated railway cars of New York, with this vast difference that when the guards call the next station you can distinctly hear and under-

stand them. The London & Northwestern Railway gave me a special car for my party to Stratford-on-Avon without charge. There we spent a day resting ourselves in Ye Peacock Inn, now the Golden Lion. We visited all the points of interest, then took a twenty-mile drive to War'ick Castle, Kenilworth, and then to Leamington, where our special car was again in waiting and presently pulled us into Liverpool. Before I dismiss this, my last railway journey in Europe, I want to say a good word for them—and I think all my party would join me in it—that this railway treated me and mine most royally. Every comfort and convenience was furnished each time we traveled by the L. & N. W. The cars were clean, neat, with large tables, and sofa-couches along the sides, with water to drink and to wash and other conveniences not ordinarily found in European trains. I was indebted for these special cars and other courtesies to Mr. A. G. Wand, the gentlemanly agent of the system in New York, and to Mr. Turnbull's office in Euston Station, London.

Liverpool was dull. And so were we all of us. It was but one week more till sailing time and the days threatened to drag with leaden feet. I looked and listened in vain for the blind concertinist who in 1896 filled me full of his sorrow and "The Bible That My Mother Gave To Me." Perhaps he has entered his reward. We went to Dublin one Saturday night and fell upon that charming city as it was getting ready for its annual horse show, with every room at every hotel engaged beforehand for a whole week and at double and triple prices. We had a delightful eight-hour water trip from Liverpool to Dublin, riding in the Irish jaunting cars from the latter dock to our hotel. I didn't think I could hang on, but the jaunting cars are so well-balanced that after a few moments of riding they rode very easily. Here we, eventually, fell among "Friends," who kept a very neat and cleanly hotel from the second story up as most all these Temperance hotels are arranged. Everything was sweet and clean. We were Thee'd and Thou'd and well fed and groomed and roomed. Some of our party were always wild to see horses and they went to the show. Others spent their time in examining the city, which is filled with some mournful mementos. Noticeably the old Parliament houses, now the Bank of Ireland; and other ex-State institutions. Trinity College interested us exceedingly. So did Grattan Street and Sackville street. Every point is measured from "the Pillar," which is a high column with Nelson on top. Nelson is dead.

We had a large "brake" take us all—excepting three who couldn't get into it, and therefore took a jaunting car—a visit to Phoenix Park, and

saw the exact spot where the assassination took place. Some of us picked shamrocks. Others bought shillalahs and blackthorn sticks. But the most marked absence in our visit here was that no one ever said "be jabers" or "be gorrah." Neither did we see any cruel English landlord evicting any poor Irish families anywhere in Dublin. To me personally the Dublin trip was the most satisfactory of the entire circle. It was restful, it was novel, it was contenting. Our ladies saw they saw finer dressing on Grattan Street than in Paris or London. And the English I heard spoken was of an unusually pure kind. In fact, I have fallen in love with Ireland, if Dublin may be taken as a sample of its people. We returned to Liverpool the day before sailing, and that day we put in in loafing and thinking how we would escape the American and Canadian customs. On the evening of August 30, about six o'clock, we got aboard our old ship the *Vancouver*, Dominion Lane, and began our journey homeward. The ship was crowded as before, though not so badly. Some of our party objected to their staterooms, and were given others. We reached Montreal a little after two o'clock on Sunday, September 9. The journey back was uneventful. Everybody was tired of sight-seeing, and homesick. Very many more fell victims to *mal-de-mer*. And I think this was mainly due to the sixty days of mixed foods and drinks, and travels and heat and cold and disagreeable states of the travel here and there. So that the stomachs and livers were pretty well packed, and needed the emptying which some of them got.

One word more about the Paris business. I notice in reading over the last letter which has appeared from my pen, written at Cologne, that some of my closing reflections have failed to appear. As one letter I had written and dispatched from London has gone wrong, did not reach America at all, it is altogether likely that that lost letter contained my concluding moralizations. I want it distinctly understood in what I have written about the Paris Congress that I have had no personal motive in view. I have written just as any other newspaper correspondent writes, sometimes over a pen-name or over none. As I saw matters so I have reported them. No malice or ill will has entered into any part of my descriptions. The French brethren may not like the freedom with which Americans criticise people and affairs, and may attribute other than the proper motives to the act. I did not find the Homeopathic Congress the equal in any way of the London Congress in 1896, and I explained why. I believe there was blame somewhere in France for this. I did not receive a line from any official in France or elsewhere before I sailed for Europe notifying

me, as editor or as individual, where the Congress would be held. And since I have come home I find no such literature among my mail. If the other journals received any advance notice, I do not know it as a fact: I do know this, however, that in no one of our homeopathic exchanges do I find any notice of the meeting-place, the hours, essayists, and the like, as we had in 1896.

I have not a word of complaint personally against Dr. Cartier. I happen to know that it was chiefly through his labors and instrumentalities that the body of Hahnemann was secured for the new place in Père La Chaise. There is not a more indefatigable worker in a good cause than Dr. Cartier. The incident related as occurring in connection with my visit to his office was not meant to reflect upon Dr. Cartier, and if it has seemed to do so I tender him my sincerest apologies. I am under lasting obligations to him for many favors conferred upon me and mine, and have had no wish to offend.

He was the mainspring in the monument matter. His was the name every American physician knew when the International monument was spoken of. He was the visible head of the undertaking. And to him notably belongs the chief merit of the speedy and successful accomplishment of this grand task. This is all the more creditable when we remember that, for fifty years preceding the present successful effort of Dr. Cartier, such famous men as Hering, Lippe, Goullard, Chargé, and others had made persistent but ineffectual attempts to raise the body of Hahnemann from its pauper grave and surroundings. In a word, the present noble resting-place of Hahnemann is due to the unremitting labors of Dr. Cartier.

THE EDITOR.

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## Omnium Gatherum.

*Cimicifuga*, says Cowperthwaite, is the most generally useful of our remedies in all classes of amenorrhœa. When perfectly indicated its action is often marvelous, and sometimes even when not indicated. It is the drug I usually select when the indicated remedy fails, though in such cases I generally employ the active principle, macrotin. When well indicated, I prefer *cimicifuga*. The drug is most useful in rheumatic, neuralgic, choreic, or hysterical subjects, with menses irregular, delayed, or suppressed; ovarian irritation; uterine cramps; bearing-down pains in the uterine region and



small of the back; limbs heavy and torpid; suppression from cold or emotions.

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*Podophyllum*.—Do not give podophyllum to every teething child that happens to be affected with diarrhea (Edgerton). It is only useful when indicated by the characteristic podophyllum symptoms, profuse, frequent, gushing, painless, watery stools, very offensive. Sometimes stool is like dirty water, very offensive. Child is pale, nauseated, and may vomit just before bowels begin to run off. A rolling is heard in the bowels, followed by a profuse gushing stool, sounding like water running from a hydrant. It seems as if each movement must run the patient dry, but it is not long until he has another fully as large.

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*Cancer*.—But what of the escharotic method [for treating cancers, queries Dr. C. Ott]? Unfortunately this has mostly been practiced by unreliable men, who, for the sake of making a dollar, must have a record and are therefore willing to call everything cancer to which the name can possibly be applied. Therefore their statistics are not reliable. And yet there is the fact that there are many who have suffered from cancer who were relieved—cured by this method—and have remained so for many years. Undoubtedly a large number of cancers has been successfully and permanently removed in this manner, and this number is proportionately much larger than that which the surgeons can boast of. In the first place, people will more readily submit to its application, as a large portion are prejudiced against the knife, and will permit its use only when they must. The second advantage is that it can be carried out by men who are not surgeons, and in parts of the body where the knife cannot be used, or if it can be used, then only by the most skillful surgeons.

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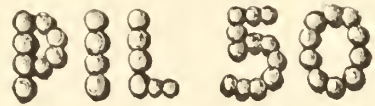
During the time when heat, food, and clothing combined render babies restless, fretful, sick, says Bloyer in *Medical Gleaner*, three remedies should not be forgotten. Every one of them will repay for a day's study. They are specific: *passiflora*, *hyoscyamus*, and *matricaria*.

Do not give them haphazardly, or in combination, or in alternation, but singly, and as indicated. They may be alternated or combined with any other remedy indicated in the case. They are all nerve sedatives, soporifics, peacemakers, life-restorers.

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Never alternate any two remedies, and especially do not give aconite and another remedy. If you have gotten into the bad habit of alternating, treat it as you would any other bad habit: *swear off now—stop it at once*. It may grow on you and ruin your success as you grow older.—*Edgerton*.

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### Combination Tablets in Homeopathy.

"The combination tablet has spoiled many a good man; it has lessened the study-hours of many doctors, and those who are in our ranks to-day, as a rule, do not put half so much study into their cases as we were forced to do twenty years ago." Thus spoke a gray-haired homeopath a few days ago when admonishing a younger man in the same profession, who was complaining of his inability to cure a certain case of chills; the case in question had been dosed with quinine and other drugs, in massive doses, without avail, and finally, in desperation, had sought homeopathy.

Failing to stop the chill at the first dose, our practitioner had sought the combination tablet, and without avail, but a pains-taking careful investigation of his patient's case at last led him to administer a few doses of ipecac., the 30th x, and follow this with a dose of nat. mur. 12x, and complete success followed; the chills failing to return as they had invariably done under the old régime.—*Clinical Reporter*.

[Aye, verily, verily, the Combination Tablet Inventor has much to answer for before the tribunal of an outraged Homeopathy. The pity of it, Iago, that we should be undone in the house of our friends. The Cutting Craze began the descensus Avernian for our young men; and, then, the Combination Tablet completed the slippery slide to the limbo of unsuccessful

physicians! Who dares stand up against the power for wrong which certain of our homeopathic (!) pharmacies wield almost without molestation? An you touch them with the editorial pen, lo! the box-office complains of a slump in the advertising receipts. For these Combination people grease the ways most liberally,—out of the pockets of the shareholders of those twenty per cent. dividend-paying bonds.

Is there no help for this? Can nothing prevail upon the homeopathic profession to come back to honest homeopathy? Will not the professors in many of our (alleged) homeopathic colleges themselves cease making use of these hell-tablets under the guise of a better way of reaching a homeopathically curable case? A good friend suggested, one evening recently, that the proper way to bring homeopathy before the world was to educate the laity with tracts, similar to those used formerly in England. Alas! the trouble in such case would be, not the proper dissemination of homeopathic tracts, nor the education of the common people, but in the dearth of homeopathic physicians who could or would prescribe according to the doctrine of homeopathy as laid down in any or all these usual tracts. The education must begin in the college. There must be honest, conscientious men in the colleges, who will frown down all efforts to belittle and defraud the homeopathic remedy. There must be someone with the courage of his convictions—one who will not bow down to the commercialism of the Combination Tablets or the Cutting Mania. Oh, yes, there are a few such left in some of the colleges: but speak with them in that interval of intimacy between the coffee and the cigars and hear their tale of pessimism, of fear, of dissatisfaction, and of gloom.]

### *One Grain Quinine*

#### *A Homeopathic Specific.*

Dr. Conrad Wesselhoeft says: "My whole method can be summed up in a few words: Find the fever-fall point and give one grain of quinine every six hours, and you will find that in a large number of cases the paroxysm will not return." He thought that not an excessive dosage, and it surely worked well. He has experimented upon himself with this drug, taking

a grain each night and morning, and he found no bad results from it. On the contrary he was altogether better for it. And now he makes frequent use of this remedy in malarial cases characterized by marked apyrexia.—(Abridged from *The New England Medical Gazette*).—*The Critique*.

[Alas, and yet more alas! And is this homeopathy? If these eminent men in high places treat "malarial cases characterized by marked apyrexia" with quinine on the symptoms detailed, what shall the remainder of us do to be saved—from allopathic-prescription and dosage?]

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## Globules.

Dr. Windebland had very painful experience of gallstones in his own person, and has, he says, been completely cured by the continued employment of cholesterine 10, followed by calculus bili 10. The latter remedy had proved so efficacious in many other cases of gallstones that he now employs it almost exclusively in this painful disease.

Here is a wrinkle, how to get ice-cold water in places where there is no ice. Wrap a porous jug in wet flannel; wrap it all around, leaving no place exposed to the air; place it, filled with water, in an open window exposed to all the air there is. Keep the flannel wet. In an hour the water in the jug will be as cold as if it had been iced.—*Pediatrics*.

[Respectfully referred to Dr. Malcolm Dills of Carlisle, Ky.]

A man, aged twenty-four, had suffered for ten days from gonorrhea with thick greenish-yellow discharge, violent pains when urinating, and pains in the inguinal region. He got merc. sol. 3x trit. twice a day. After fourteen days the discharge was very slight, no pain, but the urine was turbid and malodorous, drowsiness by day and headache. He now got phos. ac. 30 one dose daily. After fourteen days more there was only some moisture at the orifice of the urethra in the morning and occasional fetor of urine. This was removed in a short time by thuja and phos. ac. in alternation.—Waszily, *Archiv f. Hom.*

Dr. Cartier contributes to the *Revue Hom.* an interesting résumé of the homeopathic treatment of gonorrhea. He has much confidence in merc. corr., both in acute and chronic cases.

"The Early Recognition of Ectopic Pregnancy," by Dr. DeWitt G. Wilcox of Buffalo,

lies before us in reprint from the Philadelphia *Medical Journal*. (We hope some of our excitable exchanges will not see this item, for this is that awful, old-school journal which is calling us All Scoundrels!) The paper of Dr. Wilcox is fine! It is a pity that Dr. Wilcox, with his wealth of professional knowledge and technique, with his happy ways of telling his story, and his equally clever pen, cannot be attached to some first-class homeopathic college. He would be popular with the class from the opening of his first lecture. New York State has several most excellent gynecologists who are hiding their lights under a personal practice instead of writing a book and thus perpetuating themselves and adding to the honor of our school.

The third edition of Jousset's "Practice of Medicine" is now in press. Those who have reviewed the manuscript pronounce it the most valuable recent contribution to homeopathic literature.

The *Medical Visitor* published recently a reading notice, which said that a rich lady, having been helped to hear after years of deafness, had provided a fund for furnishing gratis ear drums to the poor and needy. Upon its face it looked like one of the weekly newspaper promises of gold for solving a transparent puzzle. But coming from so reliable source as the *Medical Visitor* we looked it up and found it to be—as we supposed—the usual penny, clap-trap advertisement of a shrewd maker of such drums.

Let it be remembered when the time-problem comes up for the International Homeopathic Congress, which is due in America next time, that our foreign brethren are best able to leave their work later in the season than the American Institute usually selects for its annual meetings. September, we are assured, would be more desirable to the English brethren than June or July. It goes almost without saying that the present fashion of setting the Institute meetings in June, in advance of the usual vacation time for physician and laity, takes that physician away for a week from his professional labors; when, if it were in the regular vacation time, he could come more easily, and feel that it was indeed a vacation and not a financial loss to visit the American Institute. What was the reason, in the first place, for putting the meeting-time at so inopportune a time? Can it not be reconsidered and made to conform more nearly with the wishes, nay, the *needs* of the great majority of the membership?

Dr. Gould of Philadelphia is getting a good deal of unsavory advertisement for something he seems not to have said. One journal in especial is making nasty references concerning

him and those in our ranks who happen to be subscribers to his journal. The query may be pertinent whether any of our criticising journalists have read the article in which occurred that wonderfully red-ragged paragraph about "the downright scoundrels"; and, if so, how they make out that it has any reference to our school of practice. At the most, the only reference under which the homeopath could squeeze his broadest anatomy under the chastising rod would be the reference to "sectarians"; but as these sectarians are, in the same paragraph, referred to as having been drummed out of the allopathic camp, it will hardly fit us. Gould wears no man's and no college's collar. Neither is he owned by any pharmaceutical concern issuing a cheap journal for advertising its wares. He has the courage of his convictions, having, in the first place, convictions. He does not in each personal or other paragraph adopt the County Weekly style of "hogwashing" each subscriber and each contribution of punkins and cord wood. Better let Gould alone, or, better still, so arrange our households, especially our colleges, that he may not have just cause for any caustic but unfortunately truthful things he may be in the mood to write about us.

The Thirty-Fourth Annual Report of the Homeopathic Medical and Surgical Hospital and Dispensary of Pittsburg, Pa., lies before us a living, breathing testimonial of the excellent work done by this corporation. We find some of the famous names of homeopathy upon its staff. The records presented are good and speak well for the homeopathic work done and give promise of still greater usefulness.

The remarks of Van Lennep in his address to the Alumni Association of the Philadelphia Homeopathic School, anent the lack of proper financial means with which to make that college the peer of other schools so long as the means are to be taken only from the fees, are timely and exceedingly suggestive. It is very true that, in order to keep up with the scientific fads of the professional day, some money other than that taken in at the box office is necessary. Manifestly it must be through endowments. But who will endow our schools? One of the Chicago schools through the efforts of one of its popular teachers has secured property of great value, to be used in its college work. But where else do we find endowments? And why? Sir? Perhaps this lack is because we lack unity in our work; perhaps because we don't know what we want with any great degree of definiteness; perhaps because we have an antiquated college system which no business man would trust over night. Money is proverbially nervous and suspicious. Take the majority of the colleges in



our school and examine their business system, and it would shame a boy in the first grade of a business college. There isn't the first element of stability. The patron giving of his largess to such institution would have no assurance that in twelve months the school would be in charge of the same faculty or trustees. There might be the usual quarrel among these self-electing and self-vaunting faculties, and the majority, on some night, in the absence of the minority, would quietly turn the others out. Small wonder, then, if our alleged colleges fail of drawing money from the pockets of rich patrons or lovers of local institutions. Again, when it is known, as it would be known to the shrewd business man, that that for which the homeopathic college stands in the professional eye, to wit, homeopathy, is the one thing which is not to be found, or only in infinitesimal quantities, in a hushed voice, and behind the arras, then that man will think of some other place to put his surplus money. Change your antiquated business ways, gentlemen of the college; cast out the fighters and brawlers, the ring-rule teachers and manipulators; introduce Homeopathy as the chief-stone of the building; then you may go with clean hands and fearless front to Rockefeller or the others of America's generous men and ask for help. But not a minute sooner.

Whatever became of those prize essays on homeopathy for which our estimable contemporary the *Medical Visitor* paid so many golden dollars a year or more ago? Have they been published; and if so, escaped our critical eye? And if they have not been published, why not? Surely merit that will draw golden gold from the pockets of a "soulless corporation" should not be hid under a bushel. Out with them! Let us have those fine papers and judge for ourselves whether they have suggested anything practical with which to meet the twenty per-cent. dividend Homeopathy which seems now to dominate the professional world.

Dr. Duffield, in his presidential Address before the Southern Homeopathic Medical Association, recently convened and adjourned, counseled the setting aside of a fund for making test cases in certain of the Southern States—to test the validity of the allopathic examining boards—which latter are making it so hard for our graduates to pass an examination and locate in those States. This is a good point and ought not to be overlooked. We are not informed how this recommendation was met by the Association. We hope it was acted upon in a favorable way. There is absolutely no need of inviting the young men down to the pretty Southland when the likelihood is twenty to one

that the door will be slammed in their faces by the allopathic examining board. The South is a wonderfully large field, ready for tillage. It will be the natural outlet for the crowded condition of our Northern cities.

One of the star papers for homeopathic reading is an address by Dr. Edwin Jay Clark before the Colorado Homeopathic Medical Society, October 4, entitled "The Use of the Single Remedy." It is well planned, reasoned, and written. It covers the point with exceeding nicety and appropriateness. Would that there were more papers of this order printed in our journals—especially those parading themselves as the avant couriers of homeopathy. We sincerely hope that this address may meet the eye of a great many of the ten-per-cent-dividend-receiving members of our profession. It might possibly wake them to a realization that there is something in homeopathy when properly selected and applied. And, yet, what would be the use? Ten per cent dividends, twice a year, will blind the professional as well as the moral sense of a vast concourse of people. Ordinary, rock-ribbed banks deem it unsafe to promise more than four per cent. per annum: but we learn of a commercial enterprise built upon a professional necessity which is painting the rainbow and reperfuming the rose. Where is the break in this apparent Achillean armor of proof? Have the profits of combination always been thus great? If so, why engage in the newer trust? There is a weakness somewhere. Annual dividends of twenty per cent. do not grow upon every wayside bush. There will be a frost, a cold and nipping frost, my countrymen; be sure you have cashed in your checks ere that day cometh. But this has nothing to do with Dr. Clark's star paper, except that we sincerely trust it may tend to wake up the combination-and-alternation users to a sense of what they have lost by straying from the true path of homeopathy, and perhaps bring them back to the fold.

Mention of the following fact is not found in books of reference. Normal fecal matter will lie in water without imparting any color thereto, but sometimes the water rapidly becomes deeply colored either of a rich yellow or a brown tint. Can this pigment be an excess of stercobilin, or is it some other pigment? Has the phenomenon any pathological significance?

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FRANK KRAFT, M. D., CLEVELAND, OHIO, EDITOR.

## OUR PORTRAITS.



J. WILFORD ALLEN, M. D.,  
New York.

WITH its newly returned-from-abroad editor once more in the saddle, the *American Medical Monthly* takes up the question of the lengthened course for all homeopathic colleges in fellowship with the American Institute of Homeopathy which, beginning with the present session, must be seven months long. Its comments are of a pacifying nature, in a mild way foreshadowing that this action of the Institute will either close the doors of some of the weaker schools, or, because of local pride, it may induce the local fraternity to secure endowments. Either of these alternatives is proper. Indeed, in our estimation the former of the two is the preferable. There are too many colleges, with

too few teachers who teach. If the Institute keeps on its present course pretty soon there will not be too many colleges. They will die out—unless a sense of confraternity may tempt the Institute to condone marked discrepancies in any of its associated colleges. As Fisher has recently said, if the State Boards keep on making it more and more difficult for honest practitioners to get into a State to practice medicine, the day is not far distant when the quacks will be in possession of every field—for no one pretends that they are hurt in any way by any of the many acts of legislation which now cumber our books and close the doors upon honest men.

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THE lamblike examinations in Rhode Island, where two homeopathic examiners seem to have fallen into the hands of the old school with neatness and dispatch, is commented on by the *Hahnemannian Monthly*. The report made by one of the allopaths speaks so kindly of the homeopathic graduates and their perfect answers to the old-school materia medica that the *Hahnemannian* takes it for granted these applicants learned their materia medica in some one of our hermaphroditic colleges with homeopathy over the door and in the diploma, but nowhere else. The criticisms we believe to just. It is a painful fact that homeopathy is not being taught as it ought to be taught. What we need is some college that will teach homeopathy without making it a part of the business to give either the extreme high potencies or the extreme low potencies; some teacher who could teach rationally and not antagonize his class or his college. But how many of such teachers have we?

## Materia Medica Miscellany.

Conducted by J. WILFORD ALLEN, M. D., 110 West 12th Street, New York.

References in this department are made by number, as follows: Chironian,<sup>2</sup>; Clinique,<sup>3</sup>; Hahn. Adv.,<sup>4</sup>; Hahn. Mo.,<sup>5</sup>; Envoy,<sup>6</sup>; Jour. of Obs.,<sup>7</sup>; Physician,<sup>8</sup>; Recorder,<sup>9</sup>; Sun,<sup>10</sup>; Clin. Reporter,<sup>11</sup>; Journal of Hom.,<sup>12</sup>; Indicator,<sup>13</sup> Century,<sup>14</sup>; Counsellor,<sup>15</sup>; Era,<sup>16</sup>; Visitor,<sup>17</sup>; N. E. Med. Gaz.,<sup>18</sup>; Times,<sup>19</sup>; N. Amer. Jour.,<sup>20</sup>; Pacific Coast Jour.,<sup>21</sup>; Southern Jour.,<sup>22</sup>; Hom. News,<sup>23</sup>; Jour. of O., O. & L.,<sup>24</sup>; Argus,<sup>25</sup>; Revue. Homœo.,<sup>26</sup>; Arch. für Hom.,<sup>27</sup>; Allgem. Hom. Zeit.,<sup>28</sup>; Zeitschrift für Hom.,<sup>29</sup>; El Prog. Homœo.,<sup>30</sup>; L'Art Méd.,<sup>31</sup>; L'Homœo.,<sup>32</sup>; Hom. Maed.,<sup>33</sup>; Hom. World,<sup>34</sup>; Hom. Review,<sup>35</sup>; Jl. Br. Hom. So.,<sup>36</sup>; Foreign Journal, not Hom.,<sup>37</sup>; Am. Journal, not Hom.,<sup>38</sup>; Indian Hom. Review,<sup>39</sup>; Materia Medica Jour.,<sup>40</sup>; Minn. Hom. Magazine,<sup>41</sup>.

### *Khelidonium.*

The following letter explains itself:

NEW YORK, October 27, 1900.

DEAR DR. ALLEN: Dr. Neatby, in his remarks on the "Pathogenesis of *Khelidonium* in Relation to Diseases of the Chest" (October 15 AMERICAN HOMEOPATHIST; quoted from the *British Journal of Homeopathy*), has overlooked a very important symptom in cough, viz., "A tired volition or short exhausting cough excited by a sensation of dust in the trachea, throat, and behind the sternum, which is not relieved by cough." I have verified these symptoms many times, and at this moment I cannot recall another remedy which has this symptom. He has overlooked an important condition also, viz., aggravation in the morning.

Yours very truly,

ST. CLAIR SMITH, M. D.

### *Convulsions.*

Willis M. Townsend<sup>1\*</sup> writes, concerning our leading remedies for convulsions:

If from worms, *cina*, *stannum*, *santonine*.

If from difficult dentition, nothing compares with *aconite* and *chamomilla*, the first if the child be feverish and restless, the second if nervous, irritable, wants to be carried. *Coffea* acts like *chamomilla*, and may be preferred if sleeplessness is troublesome. *Belladonna* if the convulsion is in progress. *Calc. carb.* and *phos. if*, owing to the depraved state of the system, the teeth are backward in coming and the child as a rule poorly nourished.

*Ignatia* will soon calm the excited nerves if the convulsions are due to fright.

In the convulsions of meningitis and the exanthemata, as well as in the summer com-

plaints of children so often indicated by the flushed face and throbbing carotids, the muscular twitchings and sudden cry, *belladonna* is unsurpassed. *Cicuta* spasms consist of violent shocks of the head, arms, or legs, renewed from slightest touch, jarring of the bed, or slamming the door.

*Nux vomica*, if from indigestion.

*Cuprum* for the convulsions following a recession of the eruption in the exanthemata.

*Laurocerasus* if spasms of the throat, causing gasping for breath or cyanosis.

[May we add the following, which we think are very important:

*Arnica*, where spasms arise, unconscious of a fall or other injury.

*Bryonia*, when the spasms occur from the repercussion of measles.

*Creosote*, when the convulsion occurs from the swelling of the gum over a tooth which is not quite through.

*Stramonium*—suppression by an eruption is the cause, or the eruption does not come out sufficiently. The child seems afraid, and shrinks back from objects on first seeing them.

*Zinc*—the child cries out during sleep, and if awakened expresses fear and rolls its head anxiously from side to side. The child has been cross and irritable for days previous, with hurried motions, distended abdomen, and more frequent passages of urine than usual.—ED.]

### *Coccus Cacti.*

Cowperthwaite of Chicago,<sup>16</sup> in a résumé on this drug, says: *Coccus cacti* has some repute as a kidney remedy, not without warrant; you will find among its cured symptoms: dull, pressing, sticking, cramp-like, oppressive pains in the kidneys, worse from pressure and motion; spasmodic pains in the kidneys, with vesical tenesmus and frequent emissions of deep-colored urine; sudden, acute, prolonged lancements, extending from the left kidney along the ureter into the bladder; urging to urinate, urine passes slowly and with difficulty.

In women the urine falls over the vulva, drop by drop, and excoriates the skin; the urine contains mucus in the form of filaments, clouds, and flocks, and the sediment, which is white and granular, is entangled with much mucus; the odor is often ammoniacal. These symptoms have led to the successful application of *coccus*



cacti in acute desquamative nephritis, nephritic colic, and catarrh of the bladder.

Its action on the kidneys is quite like that of cantharis, and the symptoms of the sexual organs somewhat similar, although there is not the same destructive inflammation.

♦ ♦

### *SOME PRACTICAL SUGGESTIONS FOR THE USE OF APIS MELLIFICA.\**

By A. LEIGHT MONROE, M. D., Louisville, Ky.

PROVINGS and clinical experience have taught us that the drugs derived from the animal kingdom are most useful in acute conditions of great gravity; conditions of blood and tissue deterioration, local and general; conditions associated with the lowered vitality accompanying sepsis, gangrene, or low forms of fever suppuration. The principal important symptoms suggesting an animal drug are mental symptoms pointing to depravity, or suspicious spasmodic symptoms, œdema, and some uncertainty of muscular action. The insect's poison seems to act specifically upon the skin and kidneys. This is especially the case with apis, which gives us a picture of acute Bright's disease with erysipelas. The greatest keynote symptom of apis is the œdema, which in some form is almost invariably present.

Dropsies from anæmia generally appear at the most dependent parts, as do those of heart origin. Liver dropsies generally are abdominal, while kidney dropsies first appear in the loose cellular tissue surrounding the eyes.

So the dropsy indicating apis is apt to first appear there.

For spasmodic symptoms apis gives us fidgetiness always, and, in hydrocephalus, opisthotonos. Not exactly restlessness, but nervous fidgetiness, jerkiness of movement; associated with this the thought that the patient takes and discharges but little liquid, "scanty thirst and scanty urination," and has the tremulous tongue, and you have a picture sufficiently distinctive. In prescribing for local conditions remember always the burning and stinging pains (the pains of the bee sting), and the pale pink color of the inflammation, and that all of these inflamma-

tions—erysipelatos, rheumatic, furunculous, and carbunculous—have associated with them this tendency to œdema in the cellular tissue beneath or around the affected parts, serving to indicate it in erysipelas, boils, and carbuncles. Of course apis is the most important drug we have for the treatment of dropsies inside serous sacs, when the other symptoms agree. We all think of it in hydrocephalus, and in pleuritic, pericardial, or peritoneal dropsies; but we must not forget it in synovial or ovarian dropsies. In acute articular rheumatisms with synovial effusion, drawing and stinging pains, and pale pink color to the inflammation, it is most important. In all of the dropsies mentioned its most important analogue is bryonia, but differentiation is easy.

One object in writing this paper was to detail a case of ovarian tumor in which apis 30th has reduced the patient's waist measure six inches in about four months. Whether the cure will be complete only time will tell. Dr. Coon saw the case with me and favored an operation, as did I, but the patient's occupation was such that she preferred postponing the work until summer, when she could better spare the time, and now I fear we will not be able to persuade her to have it done at all. Two concluding thoughts which I did not mention in the proper place is that apis is a slow-acting drug, and in acute cases you need not be in too big a hurry to change it, if it seems well indicated; and in acute Bright's disease the lowest potencies have seemed to serve me best clinically.

Dr. Dills, in the discussion, detailed a case of œdema of the lungs in which a cure was effected by apis mel. He was guided to its use by the symptom, "Feels as though every breath will be his last."

♦ ♦

### *DISPLACEMENT OF THE UTERUS.\**

By CATHERINE H. FRANK, M. D., South Bend, Ind.

I HAVE observed in displacements the necessity of taking off any superincumbent weight resting upon the organ, and the advantages of atmospheric pressure, when conjoined with the proper position of patients in the knee-and-elbow position.

First of all, have bladder emptied and bowels

\* Read before the Kentucky Association.

\* N. I. and S. M. Hom. Med. Society, 1900.

free from impaction of fæces. There are certain symptoms which are generally indicated in displacements of the uterus, and which should lead the physician to make a physical examination to determine the nature of the difficulty ; some of these, it is true, may also be produced by inflammation in part ; but when taken in connection with the absence of differential symptoms such as heat, fever, etc., which are present in inflammation, they may be quite characteristic of displacements. I will mention pain in pelvis, sense of weight or bearing down in the pelvis and lower part of abdomen, pain in small of back, constipation, painful and frequent micturition, pain in the iliac region, nausea, impaired appetite, indigestion, painful menstruation, and colicky pains in the abdomen, as among these symptoms.

In obstinate cases of procidentia, when knee-and-chest position gives only temporary relief, I advise a French inflated rubber pessary ; this will keep uterus in place, and patient is made comfortable and can be on her feet with ease. Some of the members will possibly criticise and condemn the use of a pessary ; but when we have obstinate and long-standing cases in middle life, that come to all of us, it is our duty, if they are not curable, to palliate and keep the patient comfortable, so she can be able to go about with ease. In my experience with such cases, medicines have failed in my hands. The inflated pessary has been a solace to many a sufferer ; they are readily removed, cleansed, and adjusted. I do not advocate pessaries in ordinary cases, as they are an irritant and will tend to keep up inflammation.

Treatment first is an important injunction ; keep feet and limbs warm, the mind quiet, the digestion and appetite good ; attention to these points will be of use in every form of displacement ; for nervousness, *acon.* ; for stupid, tired feeling, pain in forehead, pressing pain in bladder, bell. ; for pain in ovaries, *cimicif.* and *puls.* ; for despondent symptoms, disposition to weep, loss of energy, hysterical symptoms, *hyos.* ; for weakness, loss of appetite, constipation, pain in back, *nux.* ; for pains in loins and back, accompanied with leucorrhœal discharge, *sepia*. These remedies have given satisfactory results in my hands.

## REFRACTION FOR THE COUNTRY PRACTITIONER.

By D. W. WEAVER, M. D., Greensburg, Ind.

**R**EFRACTION is used to express the optical condition of the eye in a state of rest. In studying the errors of refraction let us first study the normal eye.

There are three refractive surfaces in the eye, the anterior surface of the cornea, the anterior surface of the lens, the anterior surface of the vitreous ; and three refractive media—the crystalline lens, the aqueous and vitreous humors. These make up the dioptric system, and normally may be looked upon as a convex lens. These refractive media in the normal eye should so refract the rays of light that from a distance they should focus upon the retina when the eye is at perfect rest.

Unfortunately nature is in this instance not always perfect. The dioptric system is defective in a large per cent. of mankind—myopia, hypermetropia, astigmatism are very common.

The normal eye can by means of accommodation change (increase or lessen) its refractive power so as to bring to a focus rays of light from near objects. For distant objects (farther than six meters) it need not exercise its power of accommodation. This accommodation is effected by the action of the ciliary muscles upon the lens, and the internal recti muscles produce the necessary convergence of the eye so the rays will fall on the macula lutea. By the aid of this accommodation the refraction of the emmetropic eye is increased or diminished, as necessary to focus upon the retina near or distant rays.

The most common of its errors is myopia, near-sightedness. This defect is more common among professional men, students, and school children : and actual tests have shown that in the primary grades of our public schools are found but a small per cent., and that in each succeeding grade the per cent. is increased, until in high school as high as twenty to thirty per cent. is reached, while in colleges and universities the per cent. reaches sixty to eighty.

This goes to show that myopia is acquired in the majority of cases ; some are congenital, of

course. Continual close application evidently is the cause of most of these cases.

Hypermetropia, far-sightedness, is very common, and especially in country sections, where persons live outdoors and focus for distance almost constantly; consequently the muscles of accommodation are not developed.

Astigmatism is usually congenital, but may be acquired from wounds or ulceration of the cornea.

In myopia the eyeball is long in its antero-posterior diameter, and, with the accommodations paralyzed, rays focus before they reach the retina.

In hypermetropia the eyeball is short, and rays do not converge enough to focus on the retina, while in astigmatism the rays from different meridians of the cornea focus at different points, due to irregularities in the cornea.

*Symptoms.*—These deviations from the normal refraction manifest themselves in various symptoms—all produced by an unnatural strain on the accommodation. In hypermetropia the patient sees well at a distance, but cannot see near objects for any length of time; accommodative asthenopia is a result. The type will become indistinct, letters run together. With a little rest work can be resumed, but will soon blur again. The eyes ache, feel tired, and watery, followed by headache, vertigo, and even nausea at times. The eyes are noticed to look red and weak, the conjunctiva hyperæmic and irritable, edges of the lids become swollen.

In myopia near objects may be seen clearly, or even this vision may be dim, while distant objects cannot be seen satisfactorily at all. Besides this the patient complains of pain, fatigue, and photophobia. In astigmatism the patient complains of defective vision, and headache is a very marked symptom. Headache is present in about one-third of these cases of refractive errors; it is usually over the frontal region, but not necessarily so. In myopia, if there is headache present at all, it is in the occipital region, even to the nape of the neck. Typical sick headache, facial neuralgia, acute mania, and chorea may be caused by defective refraction. Headaches after a ride on a street car or a train are due to insufficiency of the external recti muscles. Nausea may be a reflex

symptom of eye-strain, and vomiting has been cured by the correction of a refractive error. Refractive errors can be the cause of almost all, if not *all*, of the different functional nervous symptoms; if not the cause, they will at least aggravate all nervous affections.

*Diagnosis.*—The diagnosis of refractive errors must be made in many nervous cases before they can be successfully treated, as eye-strains are so often the cause producing nervous disturbances; unless relieved the cases cannot be cured. In all cases of facial neuralgia the eyes should be examined before a treatment is instituted, for if the exciting cause (which so often is in the eyes) is not removed, medicine may as well be thrown to the wind. If we meet with choreic symptoms, it is well to examine the refraction, as many cases are cured by relieving an eye-strain. In any nervous case, especially if the patient is worse towards evening or upon close application of the eyes, always include eye-strain, even should no eye symptoms be present.

Headache, vertigo, nausea, and even vomiting, as symptoms, if persistent, ought to arouse our suspicion. It would at least be a consolation to the physician to be positive that there is no unrecognized eye-strain back of all. If remedies are prescribed which fail to give results, and it is known positively that there is still present an exciting cause which accounts for this failure, it certainly is a consolation to know that similia has not failed, but the cause was not removed. This diagnosis in headache cases can be partially made by the use of atropine, to paralyze the accommodation (if not contra-indicated), and if the usual daily headache is relieved, why, the case is, to be sure, ocular. But no test is satisfactory for diagnosis, much less for treatment, except the accurate test with trial lenses, the ophthalmometer, and the ophthalmoscope.

*Treatment.*—The treatment necessary in most cases is a correction of the error, and this should only be accomplished after a thorough and complete test with the trial lenses, ophthalmoscope, and ophthalmometer, to be sure that such treatment is justifiable and not detrimental to the patient. Who shall do this work? In the cities we should always refer these cases to our specialists; in fact, the country patients would be



better off if they could be referred to the specialists; but unfortunately, it is impossible for all of them to see eye specialists, especially those in the remote country districts. They cannot, on account of the expense, and will consequently fall in the hands of spectacle venders, watch makers, etc., who are alone interested in the patient's pocketbook or bank account—men who know nothing, much less care nothing, for the eye and its various diseases; men whose only test is different strength lenses or spectacles, and depend entirely on the patient as to whether they can see best with this or that glass; men who advertise "Eyes Tested Free," for the sole purpose of selling spectacles. "Eyes Tested Free" is the advertisement that is so conspicuously posted along every country road, on telephone poles, fences, barns, etc. Tested by watch makers! with nothing more than a trial set of spectacles, and whatever one the patient selects is the spectacle he gets "Tested Free."

Now, lest I be too severe on these venders, I may say that there are some who do give somewhat better tests, but the question is here—Can we afford to allow such work to go on? Can we allow our patients to ruin their eyes by wearing improper glasses? Can we afford to depend upon such a test to confirm or exclude any eye error in the diagnosis of a case, especially when we suspect some error, in cases of headaches, vertigo, and nervousness? Or should we be enterprising enough to get up and be doing? With a little grit, time, and patience we can prepare ourselves for this work, and will be abundantly paid for our trouble and work.

Knowing the anatomy and physiology of the normal eye, as all physicians ought to know, I see no reason why the general country practitioner cannot equip himself for the diagnosis and treatment of these emmetropic eyes. While there are many cases that he could not treat, he could at least diagnose these cases, and insist that they see the specialist who can treat them. When the physician is able to diagnose these complicated cases, he can much more intelligently explain the necessity of consulting a specialist, and save these cases from falling into the hands of incompetent jewelers. The cost of an equipment sufficient for such tests is not much. Test lens for ordinary purposes may be

obtained for \$60 or \$80. Trial frames (graduated) for about \$8, an ophthalmoscope may be had for about \$15, while one may be had for \$7; this is sufficient for ordinary tests. A condenser of light is very essential. A Mackenzie laryngoscope, costing about \$14, or a bull's-eye condenser used over a student lamp, will give all the light necessary. A head mirror can be bought for about \$2. A head band for about \$1.50. An ophthalmometer for corneal tests costs about \$70.

Let the general practitioner take a month or two each year for the study of optics, and become familiar with the technique of testing, so that he can make thorough systematic tests of the cornea, of the lens (with and without the accommodation paralyzed), and of the retina. It is interesting work, and work that will keep us busy during the summer months, when out-work is very light. If the practitioner wants to send his prescriptions to some wholesale optician's supply house to fill, he can save much time. But with a little extra expense and work the material can be bought in stock, and the prescriptions filled by himself, so the extra per cent. that the optician charges for filling these prescriptions can be made by himself.

This paper was written, as the title indicates, especially for the practitioner who has not the eye-specialist conveniently at call, and to whom he could send patients when tests and correction are necessary. I wish especially to arouse interest in cases that have heretofore fallen into the hands of non-professional prescribers, and work which offers such a wide field for the general practitioner.

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### *RECOVERY OF A CASE OF CHRONIC FCZEMA CAPITIS.\**

By HARRIET W. CARMAN, M. D., Asheville, N. C.

A BOY about six years of age, suffering from the above disease of many months' standing, was brought to me by his mother, who had tried various means, and physicians, to no effect and was so discouraged as to have almost lost faith in any cure.

I felt sure homeopathy would touch it, but after treating with several of the usual remedies,

\* Southern Hom. Med. Association, 1900.

and finding little if any benefit therefrom, I was led from the experience of another homeopathic physician to give him psorinum 30, pilules 2, night and morning and a pomade,

R Acid carbol,..... gr. xxx  
Lanolin, ... .. 3 j  
M.

The result was a complete cure in a few weeks.

♦ ♦

### NOTES ON MORNING DIARRHEA.

By T. C. DUNCAN, M. D., Chicago, Ill.

THE diarrhea of sulphur and for sulphur, according to similia, drives him out of bed early (4 to 6 A. M.). It is painless and imperative, we are told. Why? Sulphur knows no rest. Ordinarily the intestines are collapsed at night, but sulphur keeps them busy, and as the nervous energies reach the lowest ebb at 4 A. M. the bowel must empty. It is "painless and imperative." With podophyllum it is different. Reader, do you remember the chronic diarrhea of army days? The big liver, the bilious stool; yellowish, profuse, painless, sometimes like the corn meal and molasses we lived on; always worse in the morning before "sick call"; anywhere from 6 to 10. The older homeopath will remember how these chronic diarrheas were cured by podophyllum and cool Northern air. The podophyllum diarrhea is a bilious one.

The natrum sulphuricum diarrhea, that comes on "as soon as he stands on his feet," is partly sulphur and partly natrum. Soda is the base of the bile, and this double-acting remedy shows that the sulphur element is the active one.

The bryonia bowel is worse from motion in the morning, but also at all times. It is also a bilious diarrhea that is soon followed by the dry burnt balls of bryonia. These conditions may alternate. Nux has a similar alternation, but the other symptoms differ.

Aloes has a full rectum; the capillaries are full so that the sphincter is unreliable. There may be flatus, or fæces that have been worked in the colon until the patient is driven out of bed, very like sulphur. The feeling in the rectum is different. In aloes the hemorrhoidal vessels are not relieved.

Rumex has an early morning diarrhea with

tickling in throat. Both are nervous. The colicky pain in abdomen tells of constriction of the transverse fibers.

Kali bich. has a watery, gushing diarrhea, worse at 2 A. M. Wakes with urging. The stool becomes mucous, rarely bloody; in this it differs from mercurius. The tenesmus in both are similar. In dysentery of infants consult kali first.

The diarrhea from heat (bry.), indigestion (camphor), mental worry (nux), or cold (ars.), should not be confounded. It is a good thing to study the first cases of diarrhea to get onto the remedy for the genus epidemicus.

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### MATERIA MEDICA QUESTIONS.

By E. FORNIAS, M. D., Philadelphia.

Give the natrum carb. child.

Scrofulous children; emaciated, with swelling and induration of glands and herpetic eruption; whose ankles easily give way and the foot bends under, when stepping on it, from sheer weakness.

Give gastric symptoms of hep. ar.

Digestion is affected. Atonic state of stomach; it induces a constant craving for condiments; eating relieves the craving.

Give measles of kali bich. compared with puls.

Severe form of measles in scrofulous children, with inflamed eyes; profuse flow of tears, and burning on opening the eyes, ulcers on cornea. Coryza watery, acrid, with sensitive and ulcerated nostrils, excoriating lip. Lacks the photophobia, stringy sputa. Puls. has mild coryza, lacks glandular swelling, but has great photophobia.

Give the debility of phos. acid.

Debility from loss of semen or other fluids (china); sexual organs relaxed. Sensorial depression. Formication down the legs and spine. Brain fag.

Give the colic and diarrhea of ipecac.

Flatulent colic with loose stools. Clutching in intestines better during rest; cutting about the navel as if from nails. Cutting with every movement, almost constantly running from left to right. Diarrhea with

pain, causing unceasing screaming and tossing about. Stool fermented, green as grass (aconite), mucous; pitch-like or like frothy molasses. Bloody, with tenesmus.

Give the chills and fever of *nux vomica*.

Chill preceded by coldness of hands and feet, blueness of nails, back of hands feel numb. Fever; has thirst for beer. Wants to cover up warmly; least movement causes chilliness, etc.

Give menses of *natrum mur*.

Very tardy and scanty, or too early and profuse. First menses delayed. Primary amenorrhea. In anæmic girls, with dry mouth and skin. Before menses anxious, sad, qualmish; sweetish eructation A. M. Headache; eyes heavy; palpitation. During menses headache, sadness, and colic. After menses headache. Aversion to coitus, as it causes pain, due to dryness of vagina.

Give the dyspepsia of *kali bich*.

Chronic effects of drinking lager beer and other malt liquors. Complete loss of appetite. Food lies like a load after eating. Uneasiness of stomach, better by belching and alternating with pains in limbs. Fetid eructations. Gastric symptoms supersede rheumatic. Increased thirst, foul tongue, languor.

Give the cholera infantum of *kali brom*.

Hydrocephaloid impending, almost lifeless; surface cold, no reaction, almost unconscious. Prostration. Pulse slow and variable.

Give the use of *merc. sol.* and *nux vom.* in chancres.

*Merc. sol.*: soft chancre, multiple, with or without bubo. Progresses deeply; well-defined edges; dirty, lardaceous base. *Nux*: chancroid, shallow, flat, spreads irregularly, no lardaceous base. Serous discharge.

Give the temperament of *pulsatilla*.

Mild, tearful disposition. Women of bland temperament, never irascible, though at times peevish. Seeks sympathy. Easily discouraged. Anxiety impending disaster. Palpitation. *Pulsatilla* antidotes quinine and iron.

Give the croup symptoms of *kali bich*.

Acts best in fat, chubby, light-haired children. Membranous or diphtheritic, with a tendency to extend downward, even into the bronchi or upwards into pharynx and nose. Insidious approach. Cough and hoarseness, worse A. M. and P. M. Cough hoarse, metallic. Painful deglutition. Glandular enlargement. Pseudo-membranous formation, difficult to detach, with expectoration of tough, stringy mucus. Coughs up fibro-elastic cast. Loud mucous râles, wheezing and rattling in sleep. Prostration worse 2 to 3 A. M.

Compare aloes with *phos.* and *apis* in intestinal trouble.

The stools are not watery, but rather semi-solid. All have involuntary escape of fæces. In aloes the weakness seems to be limited to the sphincter ani; a sort of insecurity from sudden relaxation, for the fæces pass without exertion (*hyos.*), when walking, or standing, and even drop away unnoticed in bed. In *phos.* the control over the lower portion of the bowels is lost, the anus remaining wide open and allowing fæces to pass as soon as they enter the rectum. In *apis* the stools occur with every motion of the body (*bry.*), as though the anus stood open and had no power to retain them.

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### THE NEXT INSTITUTE MEETING.

REFERRING again to the possible billeting of the great American Institute of Homeopathy upon the village of Niagara Falls this coming summer. We learn from a private source that Buffalo intends building a large hotel structure to accommodate a great body of the expected visitors. It might be possible, therefore, for the Institute committee to find hotel accommodations in this new caravansary—if we are to be quartered in an Exposition city for our meeting-place. Let them be guarded, however, in any contract entered into during Exposition times; these contracts sometimes fail of continuance, and also sometimes prove unreliable.

The Paris Exposition tempted the Thos. Cook & Son company to build two monster hotels near the Exposition grounds, in the immediate neighborhood of the Palace of the



Trocadéro. In anticipation of our visit to Paris we opened communication with this company: nothing could be had short of five and seven dollars per day; with two or more in a room; When, however, we had arrived at the hotel later contracted with, we learned that the Trocadéro hotels were in the market solicitous of traffic at three dollars a day!

Exposition hotels are usually temporary structures; and travelers so quartered must needs be satisfied with many inconveniences, of which not the least are the poor table and the execrable service. It lies distinctly within the province of the calmly deliberative new Executive Committee to correct the verdict of a body of petit jurors, who, under the stimulus of a few hurrah-orators on a hysteric occasion, may have been hurried into an insane conclusion. Had this been done in time with the former effort to bring the Institute to Cleveland,—that is to say, if some supreme or other revisory body had taken that motion in hand and stripped it of its offensive suggestions,—the Institute could easily have camped in Cleveland as voted for, and the Hahnemann monument might with safety and eminent propriety have waited another year before finding its prominent place in Scott Circle.

The vote to go to Niagara Falls under the expected circumstances and environments must appeal to any painstaking homeopath to be a mistake. We have no business there; or, in other words, we can have no business there. The Institute will be neglected out of hand by the membership, who being then of that *genus homo* out for a lark will prefer to play in a neighboring city, to sitting cribbed, cabined, and confined in a hotel room or an opera house hall listening to dissertations on technique and more technique. It is human nature to break away from our "shop" when the play time comes. And if the surroundings are those provocative of such breaking-away, there won't be sufficient of magnetism in the papers to keep any but those directly interested in that room or in that neighborhood when more congenial and restful affairs are to be seen and heard by staying away. Niagara Falls at any other time but the Pan-Exposition time would prove restful enough. It is a charming location for deliberative bodies to meet in and hobnob. But it is, also, an expensive place; its hotel facilities are far from extensive or ultra-modern; and when the Falls have been seen and its melodious roar assimilated and familiarized, the sum-total has been fully made up. Can the Institute hazard such a broken-into meeting? The membership will be see-sawing between Niagara Falls and Buffalo all day long. Sections will have to be postponed from hour to day, and from day to

hour, and shifted about by reason of the absence of chairmen or important paper-reading or -discussing members.

Again, therefore, and finally, we plead with the Executive Committee to consider these points patiently and carefully; to consider, first of all, the good of the Institute and not the political or professional convenience of a few members (and we are, personally, of the latter); second, the danger of poor or inadequate accommodations in Niagara Falls; and, third, the danger to the further peace and progress of the Institute by reason of poor meetings and insufficient incentive for members to come to future meetings. The last is the greatest, for it must never be lost sight of that it costs money to travel to the Institute and participate in its deliberations. So that when a practitioner has "knocked off" for a week's holiday a month before the rational holiday ordinarily comes to the doctor, and travels extensively and boards expensively, and yet receives nothing that will enhance to him his bread-and-butter-making profession, he may not soon again be tempted to leave his bailiwick and visit the Institute on another such fool's errand. Look to the future, brethren of the Executive Committee! Be not deceived by the passing glamour of a large and, we fervently hope, a successful Exposition at Buffalo. Your duty is to the Institute! Let reason prevail!

♦ ♦

### LET THE COBBLER STICK TO HIS LAST.

A COUPLE of weeks preceding the recent Republican election—the Democrats seem not to have had anything to say about it—one of Cleveland's preachers took it into his head to deliver a Sunday-evening exordium on the duties and privileges of the voter. As he spoke, presumably extemporaneously, and along Republican lines, he was presently hurried into a statement touching the foreign-born voter which resulted in his applying to him the term "cattle." Naturally the Democrats seized upon this and circulated it with such industry that the reverend gentleman was obliged to appear in print denying the word, though, in substance, admitting the fact. There was suggestion that another Burchard-episode was threatening; and some of us, who supposed this clerical adviser would continue his Good Citizenship lectures, concluded, from the eloquent and unbroken silence of the next Sunday, that a bug had been dropped down his back.

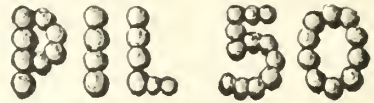
Here is another profession—if politics may be so designated—which resents the intermeddling of the Church with its prerogatives. Why do not the eminent gentlemen who constitute the

modern Church see the unwillingness to have them meddle with affairs that are strictly and legitimately no longer within their province; why not permit the present commercial generation to attend to its own knitting? There was a time when the priest and doctor were one and the same person; when no event of importance could be properly consummated without the presence, or, at least, the advice of the Church representative. But that day has gone. The other professions have advanced in knowledge and wisdom, and now most unwillingly give way to the Church. This increase of knowledge and power is especially noticeable in the profession of medicine. We have in our ranks men of undoubted mental superiority—men without equals in skill and address. Still in some quarters they are back-seated, upon public occasions that are wholly medical, and the right of way given the clergymen. There is no need for this; besides, it is decidedly inappropriate. The clergy deal with morals, while the medical man deals with everything except morals. Why, then, jumble the two together?

Take, for an instance, that recent scholarly address by Dr. George T. Shower, the dean of the Southern Homeopathic Medical College. It is one of the finest addresses of this nature which it has been our lot in a number of years of address-reading and address-editing to have seen. It is finely constructed, along lines of superior intelligence; it gives evidence in every paragraph of deep research and study; it reeks with the midnight-oil of the clever, deep-thinking, and loving student. It gives its whole attention to matters in which the matriculate student, the intending medical man, is interested. There is not an objectionable suggestion, nor a single put-no-beans-up-your-nose homily in it from beginning to end. It goes far to prove our frequent insistence that medicine is a learned profession; and that there is no part of it which cannot be as well attended to by members of our own guild as it can be by any clergyman or attorney-at-law. The other professions, we again add, have a distinct and honorable place in life; but that place is *not* in delivering medical and faculty addresses, or in usurping medical functions.

It is very gratifying to note the gradual change which is creeping into the homeopathic colleges in this respect. Innovations are long in going as they are in coming; but this of clerical intermeddling in the affairs of commerce and medicine is at last being top-shelved, and in time will be wholly obsolete. Several of the Chicago homeopathic colleges have called upon their own members to officiate in public (medical) functions, and demonstrably with success. Pulte of Cincinnati has done the

same; the Cleveland Homeopathic did this at its last commencement—bringing the eloquent Dr. Beebe to the front, in place of the customary clergyman, and well did he acquit him; several of the Eastern colleges have followed this lead; so, as already said, in a little time the preacherman will find it most graceful to stick to his preachments, and let the doctor stick to his doctorments.



### *Bubonic Plague Homeopathically Considered.*

If any of our readers should be thrown into contact with cases of plague, we should advise all who have to do with the patients to take a tablet of laches. 12, three times a day, and to give the same to all who have been exposed to the infection. If any signs of the disease actually show themselves, give or inject lach. 5, two or three drops every two hours. When buboes form, anthracin 6, three drops every two hours. When the typhoid state is pronounced, pyrogen 5, five drops every two hours. Dr. Baptist found phos. 6 effective in pneumonic cases, and arsen. 3x in intestinal cases. Baptis. tinct. should find a sphere of usefulness; and finally the nosode of the disease itself. We are not aware that such a preparation has been made; but as homeopaths have a method of using nosodes so much superior to that in vogue in the old school, we trust that those of our colleagues who have opportunities of treating cases of Plague will give pestinum a thorough trial. It might be made from the contents of a bubo, or from cultures of the bacilli. Attenuations might be made of the most virulent toxin of the allopaths. At any rate, it seems to us that the best chance of dealing with the disease medicinally will lie in the nosodes and the serpent poisons. That is, when the disease is treated on the strength of the genus epidemicus. Anomalous cases will have to be more strictly individualized and prescribed for on the particular indications present.—*Editorial by Dr. Clarke, "Homeopathic World."*

[May we never have occasion to deal with this horror; but if we do, let us do as we did with the grip: get ready for it by reading all possible literature and then applying the properly indicated remedy. Dr. Clarke makes some good points in his editorial, and we suggest that our readers make a note of these remedies.]

### *The Old Homeopathic of Missouri.*

At a recent meeting of the faculty, Homeopathic Medical College of Missouri, Dr. W. B. Morgan was elected dean and Dr. L. C. McElwee was re-elected registrar. There was much enthusiasm shown at this meeting. The college has seen hard times, but is now on a more substantial footing than ever before, and in a position to do as good work as any in the land. The prospects are good and continue to grow brighter.—*Clinical Reporter.*

[Dear old *alma mater*! We love you, and we are proud of you! True, you didn't teach us to be a technique-loving gynecologist—for in that far-off time gynecology had not become the chief corner stone of the temple of medicine—homeopathic as well as allopathic; but you did instil and foster in us, and in our class, a strong and abiding love for the profession of medicine. You had troubles of your own even in those early days; still the morning newspapers did not make the great general public part-takers in any of your college rumpus or scandal. When a man or One Woman in the faculty began to ride the high horse, it always proved to be a short horse and a much shorter ride. There was ever that happy unanimity of purpose and policy, and that delicate sense of justice in the ruling majority, which was an unerring as justice should be, and far more expeditious in execution. But all this happened before the day of Gynecology. Still we have watched your fortunes, dear old *alma mater*, for many a year, from our official watch tower as a homeopathic editor, and we have noted no scandal in or traceable to that sometime all-devouring, holier-than-thou department of some of our schools. Perhaps you have imported and applied the same sovereign remedy for holding this fierce and fiery Arabian charger in leash that they have in the Far East, where each medical college is advertised and known because of its general excellencies as a modern *medical* college, and does not revolve, for its existence, around one central lime-light—with all the other and singular of the faculty in Cimmerian darkness. No. There have always been Campbell and Morgan and Schott and Comstock, and, since our time, McElwee, and other good men and true, who

thought more of the interest of the college and of Homeopathy than the aggrandizement of any one chair or any one department of modern medicine (?). Be thankful, you men of the old Homeopathic of Missouri, that you have escaped much of what has gone current in contemporary medicine for Advance, for Progress, for Science, and for Technique. Be exceedingly glad that you were not blinded by a Fate which ultimately destroys its devotees, into giving Medicine—practical, every-day, bread-and-butter Medicine—a rapidly diminishing chair, filled by anyone who drew the marked ballot in the hat, while pushing the bloody chairs far down the front and to the center of the stage. Yea, ye men and brethren of the Old Homeopathic of Missouri, lift up your voices and be exceeding glad that because of these things done and left undone, you are not now hobbled and harassed with a harmony-atmosphere (limited) and a debt of something less than a hundred thousand dollars (more or less, perhaps less), with nothing in sight to save from the inevitable, except a solitary lime-light on an isolated rock, which can never save but only warn of hidden dangers! Indeed, and again indeed, you faithful workmen of our dear old *alma mater* are to be congratulated. You have builded up a first-class homeopathic school, with several hospitals and clinics and dispensaries, and everything else added to make your graduate an all-round *homeopathic* physician AND surgeon. You are of the very elect to rescue homeopathy from the shambles and the butcher shop. We drink to you in all loving kindness and good will.]

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Dr. J. W. Means says that ten drops of *cimicifuga racemosa*, second or third dilution, each night, beginning six weeks prior to date of confinement, will materially aid the mother in her approaching ordeal. Also, to give two drops of tincture of *gelsemium* every ten or fifteen minutes after labor has begun to steady the pains, facilitate dilatation, and shorten up matters. Labor, he says, is a mechanical process. When unnecessarily tardy, assist the mechanical by resort to mechanics—the forceps. Chloroform, properly used, is excellent. No vaginal douche until after the fifth day, when denuded parts are healed and septic material is not likely to be absorbed from without.



# THE MEDICAL LIBRARY.

## A Manual of Obstetrics.

In a work on obstetrics recently issued, in speaking of the treatment of the pernicious vomiting of pregnancy, the claim is made by A. F. A. King, M. D., Professor of Obstetrics and Diseases of Women, Columbian University, Washington, that a woman can be nourished for weeks by rectal alimentation alone. This certainly is dangerous teaching, as it might readily lead the inexperienced practitioner to put too much trust in the rectal tube, and thus defer the induction of abortion until too late.

The weight of testimony, too, is certainly against the use of the vaginal douche after the completion of a normal case of labor. Exception must also be taken to the method advised for the purpose of rendering the vagina sterile, experience having certainly shown that the use of a bichloride douche alone is not at all as certain as when it is preceded by a thorough cleansing with soap and water.

One of the most unfortunate statements of the book is that it is impossible to reach the promontory in the normal pelvis. This, surely a mistake, might well result in serious difficulty. In this same connection the advice given to insert the whole hand in the vagina in order to measure the true conjugate can only be condemned.

## The Struggle for Success.

Mr. Stodart-Walker is careful to disclaim for his work the nature of a system or of an exhaustive criticism. Its deficiency in this respect amounts, we think, to a serious shortcoming. Its strong point is undoubtedly the genuine eloquence of its best passages. For example, the description of the man who is mentally sane is admirable from this point of view. His freedom from prejudice, his willingness to judge questions on their merits will, says Mr. Stodart-Walker, with truth and point, "make him cautious and yet frank, honest and yet sympathetic; it will enable him to give things their due proportion, permit him to draw the factors of life in their proper perspective. . . . He will have definite aims but catholic sympathies, not a sympathy which approves of false motives, illit-

erate aims, vague and dangerous impulses, but which understands the limitations of human knowledge, human insight, and human training. With gentle satire he will confound the pompous asserter of plausible fallacies, with generous humor he will paint the inconsistencies of the illogical mind, but when necessary state without fear of blame or shame the point of view as it appears to him."

## Diabetes and Its Treatment.

By the lamented death of Dr. Külz in his fiftieth year, the medical profession was deprived of an indefatigable worker, and those interested in the subject of diabetes lost a collaborator who had already given to the world many evidences of his industry and originality, from whose growing experience much more was to be hoped. It was known that Dr. Külz had been accumulating for many years a valuable series of cases dictated by himself and carefully studied throughout the time they were under observation. This valuable material was placed by Külz' widow at the disposal of Professor Rubner, and after some consideration Professors Rumpf and Sandmeyer and Dr. Aldehoff, all of whom had been closely associated with the late Professor Külz during his life, undertook to edit the series for publication. As it was obvious that no publisher would undertake a book which consisted merely of a series of cases, however carefully compiled, these have been in the first place shorn of all redundancies and arranged in four groups. Then these groups have been analyzed and critically considered under various aspects by the editors, so that the work as now published is a valuable manual of the clinical history of diabetes.

## GROUPING OF CASES.

In dividing the cases into groups, the editors recognize that they are departing from Külz' doctrine of the indivisibility of diabetes, but we believe most readers will regard their reasons as sufficient. The four groups are: (1) Those passing no sugar on strict diet; (2) those passing no sugar or merely traces on strict diet, but with evidences of kidney disease (albuminuria); (3) cases still passing sugar on strict diet; (4) transition cases. The total number of cases dealt with

is 692, of whom 526 were males and 166 females. We are told that Dr. Külz was fond of ridiculing the practice of speaking of a diabetic as passing so much per cent. of sugar, which, he said, was as foolish as for a man to say that his income consisted of so much per cent. in the funds. The only proper method of thinking about the amount of sugar excreted is the total quantity eliminated in twenty-four hours.

#### GROUP I.—SUGAR ELIMINATED BY STRICT DIET.

By many careful examinations of the cases in Group I., which, it may be remembered, were rendered free from sugar by strict diet, the effects of the addition of 100 grams of white bread to the breakfast meal was studied in many cases, and it was observed that the resulting sugar excretion never lasted more than six hours and took place chiefly the first three or four hours after breakfast. It was also apparent that, as a rule, patients assimilated carbohydrates better after breakfast than later in the day, but there were exceptions to this rule. It was also found that the same quantity of bread was assimilated better if given in divided portions at three meals than if given all at once at any time. In the various experiments with diet, 100 grams of white bread = 60 grams of grape sugar = 120 grams of black bread = 70 grams of rusk = 300 grams of potatoes = 1 1-2 liter milk = 1 1-2 liter light beer. Many experiments were made to determine whether the capacity for assimilation varied for the different articles of carbohydrate food, the result being to show that there are great individual differences, and that these can only be determined in each case by careful trials. The capacity for assimilation seemed as a rule to diminish by the continued use of carbohydrates, so that from time to time it is necessary to return to restricted diet for short periods. The influence of exercise in favoring assimilation of carbohydrates was very well marked in the patients of this group.

#### GROUP II.—CONCURRENT RENAL DISEASE.

In the second group, where there was evidence of kidney disease, the experiments gave very similar results.

#### GROUP III.—SUGAR NOT ELIMINATED BY STRICT DIET.

This group comprised the most severe cases in which the strictest diet failed to remove the sugar from the urine. Contrary to the doc-

trine that a diabetic has lost all power for assimilating carbohydrate, it has been maintained in modern times with much more reason that every diabetic retains the power of assimilating a certain amount of carbohydrate, and it is justly held to be the duty of the physician to determine that quantity so that the patient may not be deprived altogether of these elements of diet. Külz set himself to answer this question, and found that, out of 179 cases in this group, only 21 cases, or 11 per cent., gave room to doubt their capacity for assimilating some carbohydrate, and even in these further investigations showed that only four, after treatment and careful regulation of diet, persisted in their incapacity. It is noteworthy that some of the cases in this group got worse on strict diet and improved where a certain amount of carbohydrate was allowed. The individual differences in respect of the assimilation of various sorts of carbohydrate were quite as marked in this group as in Group I. The good effects of exercise were by no means so constant, and in many cases it seemed to be injurious.

#### GROUP IV.—TRANSITION CASES.

This group gives some very interesting examples, not only of mild cases passing into severe, but of severe cases becoming mild, and even of an alternation from mild to severe occurring more than once in the course of the disease. The change from severe to mild was generally due to the influence of careful diet, while the change from mild to severe was frequently attributable to the excessive use of starchy food, although many other causes, amongst which intercurrent diseases were most common, played their parts. Among the complications of diabetes we notice a reference to a functional affection of the larynx, with hoarseness and aphonia, which we do not remember to have seen mentioned before.

#### PROGNOSIS.

Professor Sandmeyer deals with a question—the increased excretion of ammonia in diabetes. About the fact there seems to be no doubt, and the figures given seem to prove that where the excretion exceeds two grams daily it is of bad prognosis. As to the value of acetone, acetic acid, and oxybutyric acid in prognosis, the results seem to be in accordance with those generally accepted—that is to say, where these substances are present in traces only they have no significance, but where the reactions are well marked and con-

stant they warn us to observe the patient very carefully.

#### TREATMENT.

The data derived from these cases afford no special support for any particular plan of treating diabetes by drugs or other remedies apart from regulation of the diet. As has been already indicated, Külz' plan was to give a sufficient diet composed of albuminous and fatty food, and then to add to this after trial in each case such articles of carbohydrate food in definite amounts as the patient showed himself to be able to assimilate. The following is an example of his strict diet:

Breakfast at Eight O'clock.—Two cups of coffee, 1 yolk of egg, 2 tablespoonfuls of cream, 2 eggs, 150 grams (5 ounces) of ham, 50 grams of cheese, 10 grams of butter.

Second Breakfast.—One cup of bouillon, 2 yolks of eggs, 200 grams roast beef, 30 grams of cheese, 10 grams of butter.

Dinner.—One cup of bouillon with yolk of egg, 100 grams salmon, 15 grams of butter, 200 grams of sirloin with 20 grams of butter sauce, spinach salad with oil, 30 grams of curds with butter, 1 cup of coffee, 2 tablespoonfuls of cream, 1 cup of tea, 2 eggs.

To this are to be added a liter of wine and 30 grams of cognac.

It will be noticed that in this diet, which contains a very large amount of butter and other fatty foods, there is no mention of bread or any bread substitute. Apparently the author desired his patients when on strict diet to abstain altogether from bread, for he knew that the bread substitutes ordinarily sold in Germany contain a considerable percentage of starch, and when eaten, as they so frequently are, even with the concurrence of the doctor, *ad libitum*, the quantity of carbohydrate taken in this way is very considerable, and entirely vitiates any experimental results which the physician may desire to ascertain.

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### Book Reviews.

In a new book on gynecology, or, more correctly, a third edition of the book, but which is practically new, by Dr. F. H. Davenport, "Diseases of Women, A Manual of Gynecology" (Lea Bros.), we find the following paragraph in "Introductory Principles": A second reason why this branch has been neglected by the pro-

fession at large is that there is a prevalent impression that the treatment of diseases of women necessitates a high degree of special skill and the use of a formidable array of instruments. It is supposed to be complicated, and to require more time than a busy man can well afford. The text-books on this subject, with their long description of operative procedures, and their numerous cuts of instruments, are, perhaps, partially responsible for this prejudice. The objection will fall to the ground when it can be shown that the diagnosis and treatment of diseases of the genital organs really rest on a few simple, general principles, which, if mastered, will make the physician at home in this department as in any other of medicine."

All through his book, Dr. Davenport follows out his argument, by showing the extreme simplicity of the work, the needlessness of the customary array of instruments, of bottles and washes and greases and powders; he tells how to make a cheap kitchen-table take the place of the \$75 Frankenstein-horror with which so many modern physicians' offices are supplied. Indeed it is most refreshing to have an educated man, one who is able to write a straightforward matter-of-fact text-book, without kodak and scissors and glue-pot, admit that his specialty is nothing more than an ordinary branch of medicine within the grasp of any ordinary practitioner. We have, ourselves, long since suspected this condition of affairs, judging from the multitude of gynecological specialists who have been dotting and obscuring the medical horizon in the past ten years and getting in each other's ways, until operations of the most grave and vital nature have tumbled from \$250 to \$25, and, in many cases, to a gratis operation if the clinic was like to fall into a rival's clutches. Now we have a confession from a member of the church, who is honest and plain-spoken and raises the curtain on the former mysteries. Young man, stick to good old-fashioned medicine, and don't be carried away by the marvelous manual and oral dexterity of one or two professors in your faculty.

Dr. C. A. Stultz has moved from Woosboro to Union Bridge, Md., to take the practice of Dr. G. R. Markel, deceased.



## Globules.

**Recent** experiments conducted by German physicians have shown that about twenty-five per cent. of all school children in that kingdom have some defect in their hearing.

**Dr. Wilbert B. Hinsdale**, dean of the homeopathic department of the University of Michigan, is preparing a paper entitled the "Evolution of the Doctor from the Priest."

In Paris may be witnessed a kinetoscope exhibition of Doyen performing the most difficult operations with a celerity and exactness that is incredible. At the same time the operation is most natural, the arteries are seen to spurt, the clamps are adjusted, the bleeding ceases, the wounds are closed, the bandages applied, and the exhibit is so perfect that it is suggested that in the future such means of teaching would be far better than charts or other illustrations.

The seventh annual session of the Missouri Valley Homeopathic Medical Association convened in Kansas City, Mo., October 2, with President A. M. Linn, M. D., Des Moines, in the chair.

There was a very fair attendance at the opening exercises, which was augmented later in the day and during the following day. Physicians were in attendance from Iowa, Kansas, Nebraska, and Missouri.

Very many excellent papers were read, and the discussions thereon were of merit, as the Association numbers among its members the most able and energetic medical men of the Missouri Valley. The sections of clinical medicine, D. A. Foote, M. D., Omaha, chairman; surgery, E. B. Finney, M. D., Lincoln, chairman; and obstetrics, F. Elliott, M. D., Kansas City, chairman, were particularly deserving of mention.

The Missouri Valley Association is an all-alive society, and is keeping up a fraternal feeling in the Middle West, as well as providing a strong society for the attendance of many who cannot avail themselves of the privileges of the American Institute.

The following officers were elected: President W. A. Forster, M. D., Kansas City; vice president, H. W. Westover M. D., St. Joseph; treasurer, D. A. Foote, M. D., Omaha; general

secretary, L. P. Crutcher, M. D., Kansas City; recording secretary, E. B. Woodward, M. D., Lincoln.

The next meeting will be held in Omaha in October, 1901.

**Dr. Thomas Hayes** writes: "It may interest your readers to add to the list of 'Cure for Corns.' After an experience of thirty years I can recommend it for universal application, a radical remedy if diligently persevered in, producing on its first application relief from pain and pressure, a pulpy condition of the corn, and by occasional gentle scraping its ultimate disappearance. The remedy consists in the application of a fold or two of wet lint next the corn, covered with a piece of sheet gutta percha or oiled silk, over which the stocking can be drawn. This may be removed at night and the pulpy corn scraped with a blunt knife and the application renewed every morning. It may be used also by soldiers on long marches to anticipate undue pressure and the development of corns. The remedy was suggested to me thirty years ago by the following incident. A poor woman came to the dispensary suffering from severe bronchitis. She got cold from wearing galoshes, as she could not wear shoes or boots in consequence of many corns on both feet. The corns were cured, but the cold feet led to bronchitis. I was impressed by the fact and adopted the suggestion: applying lint and gutta-percha tissue to keep the corn soft and pulpy, and its total disappearance followed from occasional scraping."

**Depending** on spinal cocainization as the anæsthetic, Dr. De Witt G. Wilcox has performed successfully an operation for removal of a tumor of the thigh.

Some points gained from the case are: First, that although the patient was susceptible to cocainization, yet he took it well and rallied quickly (in 37 minutes) from its effects—unusually so, in fact, as the majority of cases reported, where they have been influenced at all by fifteen minims of 2% solution, have remained under its effects from forty to seventy minutes. Second, the difficulty of reaching the canal by following the carefully worded instructions of Tuffier; I was unable to reach the medullary space by

three repeated punctures, but when I started the needle nearer the spinal process and directed it more nearly at a right angle with the length of the spine, and but slightly from without inward, I secured the fluid at once. Third, that had the operation required an hour or more I should have been obliged to repeat the cocaine injection or resort to chloroform.

At a recent meeting of the New York Board of Health it was stated that there were about 40,000 cases of tuberculosis in that city during the past year.

A great problem has been solved and humanity everlastingly benefited by the Board of Health of East Orange, N. J. It seems that complaint was made regarding noise made by domestic animals quartered near the palatial summer homes of some of the Oranges' aristocratic residents. After a conference of the Board, long and serious deliberation, the subject carefully considered and reviewed, the wise command was issued "*that all domestic animals be kept quiet between 10 P. M. and 8 A. M.*" The Buffalo *Medical Journal*, commenting on this, says: "The dignity of the East Orange Board of Health has been maintained, but it must be a view for a kinetoscope, the spectacle of the East Orange people keeping their animals quiet between 10 P. M. and 8 A. M."

The formal opening of the new homeopathic hospital of the University of Michigan will occur during the first week in December. Thursday evening, December 7, there will be several addresses. Among the speakers will be Dr. Charles E. Walton of Cincinnati, Ohio, president of the American Institute of Homeopathy, Dr. Royal S. Copeland of Ann Arbor, president of the Michigan Homeopathic Medical Society, and Dr. Malcolm C. Sinclair of Grand Rapids, president of the Michigan board of registration in medicine. The afternoon of December 6 and the forenoon of December 7 will be devoted to surgical and gynecological clinics. The afternoons of December 7 and 8 the hospital will be open to the public for inspection.

God help the family or the patient under the care of a universal specialist who is so busy that he can never go to a medical society and get the benefit of other men's views and experiences,

and have the helping effect of criticism—someone to rip him up the back, as it were.

Moving as we do in a narrow groove, going from house to house where our word is law and few dare say nay, we run great risk of becoming dogmatic autocrats, saturated with the idea that we know it all.

I sometimes think it would be fortunate for us and humanity, as well as science, if every medical case had a pair of doctors instead of one. Then, as in legal cases, where there is always two attorneys pitted against each other, each would be stimulated by the other to his best endeavor. Indeed, considering the supernumerary doctors in every community, there would be fewer idle ones under such conditions.—I. U. LOVE, M. D.

The French society against the abuse of tobacco has awarded the first prize to Menelik, emperor of Ethiopia, as he prohibited the use of tobacco throughout his dominions under severe penalties.

Osteopaths in Milwaukee have been arrested on warrants sworn out by the assistant district attorney. They are charged with unlawful use of the title of "Doctor" and of practicing medicine without a license from the State board.

Like many another article the pelvic binder has been subjected to faddism. Once regarded as an essential part of midwifery technique, it suddenly became a superfluity, and then it was said to push the uterus up beneath the diaphragm and causes all sorts of trouble. Conservatism has, however, brought it again into use, and with it the perineal band. When properly applied it holds in proper position the visceral and pelvic contents, assisting in the repair of lacerated tissues, in the involution of the uterus, the prevention of congestion, and not only gives comfort to the woman, but preserves her figure. The diligent accoucheur would now provide for several such binders for use during the first two weeks of the puerperium, when they may be replaced by the usual abdominal binder.

#### The American Homeopathist.

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